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ORIGINAL ARTICLES.

CONGENITAL DEFORMITY OF HAND; COMBINED ECTRODACTYLISM AND SYNDACTYLISM.[1]

BY ALFRED C. POST, M.D.,

VISITING SURGEON TO THE PRESBYTERIAN HOSPITAL, NEW YORK.

NOVEMBER 3, 1883, C. W. J., a healthy and otherwise well-formed young man, twenty years of age, was brought to my clinic with a congenital deformity of his left hand, as seen in the cast herewith presented. There was absence of the index and little fingers, and of the corresponding metacarpal bones. The thumb, the middle, and the ring fingers were well developed, and their movements of flexion and extension were not deficient in force. The two fingers were webbed together throughout their whole length; from the normal position of the commissure, as far down as the middle of the second phalanges, the uniting medium was of moderate thickness, consisting of the dorsal and palmar integument, with loose cellular and adipose tissue. The terminal extremities of the two fingers were joined together immovably throughout their whole thickness, and the middle finger, being considerably longer than the ring finger, was necessarily bent, and could not be straightened. A single, very wide nail covered the dorsal surface of the terminal extremity of the two fingers, having a superficial longitudinal groove to indicate the normal line of separation of the fingers.

The patient being etherized, I performed the following operation. I divided the cutaneous portion of the web with a scalpel, and then divided the nail and the deeper tissues with a cutting bone-forceps. There was a small amount of bony union of the terminal phalanges. After the bleeding had been arrested, I was able to bring the dorsal and palmar integument together on the side of each finger with fine silk sutures, from the position of the normal commissure, about half way down to the ends of the fingers. I wound straps of adhesive plaster around each finger separately, and then secured the two fingers with a roller-bandage to a padded dorsal splint, extending from the ends of the fingers above the middle of the forearm.

November 5.—I removed the splint, and applied fresh strips of adhesive plaster around each finger. I then covered the fingers with lint, secured by a roller-bandage. As the splint was irksome to the patient, I did not, at this time, reapply it.

10th.—The edges of the wound had receded. The cuticle had separated from the cutis. I removed the sutures, and dressed the fingers separately with strips of India-rubber adhesive plaster.

17th.—A portion of the integument of the ring finger has sloughed, and a small portion of the base of the middle phalanx is bare. The middle finger is doing well.

19th.—Directed fingers to be dressed with carbolized vaseline, and reapplied dorsal splint.

December 5.—The middle finger is almost entirely cicatrized. The ring finger is in a much better condition than at the time of the last report, and the healing process is going on favorably.

29th.—The middle finger is healed. The commissure between the middle and ring fingers is entirely healed. The ring finger is nearly cicatrized. The middle finger now projects about twelve millimetres beyond the ring finger.

January 5, 1884.—Cicatrization complete. Splint discontinued.

12th.—Middle finger has become somewhat distorted since it has lost the support of the splint, which was accordingly reapplied to-day.

19th.—The shape of the finger is improved. Continued splint.

Soon after the last date, the patient discontinued his attendance.

The result of the treatment was entirely successful in overcoming the syndactylism; but the middle finger had been so long distorted by its abnormal fusion with the ring finger that it is somewhat doubtful whether it will ever assume its perfect normal configuration.

The combination of ectrodactylism with syndactylism in the case which I have presented is a rather unusual one; but Holmes, in his work on the surgical treatment of the diseases of childhood, gives an illustration of a case resembling it, except that the fusion of the two fingers was not so complete, each of the fingers having a separate nail. The thumb also was more widely separated from the fingers, standing out at right angles with the carpus. Both hands and both feet were affected with syndactylism.

In connection with the case which I have reported, I will present a few facts relating to the two varieties of malformation, which usually occur separately, but which in this patient were combined.

Ectrodactylism is more rare than syndactylism. The deficiency may involve a single finger or the thumb, or several or all the fingers may be wanting, or may be in a state of very imperfect development. It may involve both hands, or may be confined to one. Fort refers to thirty-two cases in which the situation was indicated. Both hands were affected in twenty of these cases, the left hand in eight, and the right in four. In most cases only the fingers were wanting. In five cases the metacarpal bones also were absent. Some of the carpal bones are occasionally wanting. When the thumb and little

[1] Read before the New York Surgical Society, May 27, 1884.

The terms ectrodactylism and syndactylism are derived from the Greek δαχτυλος, a finger, with the prefixes εχτρωσις, abortion, and συν, together.

finger are present, and the other fingers are absent, the hand has been compared with a lobster's claw.

Many cases of congenital absence of the thumb have been reported; in some of these the radius has been absent, or imperfectly developed. The little finger is rarely wanting. Out of thirty-seven cases, the little finger was entirely wanting only in three, and in these the thumb and all the other fingers were absent. In two other cases the distal phalanx of the little finger was wanting.

Partial or entire absence of fingers has occurred in different generations of the same family, as in a remarkable instance reported in the *Edinburgh Medical and Surgical Journal* for 1808, p. 252. As a general rule, when some of the fingers are wanting, those which exist have their full normal mobility and strength.

Syndactylism presents itself in two forms, viz.: congenital and acquired. The congenital form may affect one or both hands; in the majority of cases both are affected. Sometimes the thumb and all the fingers are fused together; sometimes all the fingers without the thumb; any two or three may be joined together. When both hands are affected, different fingers may be involved in the two hands. The deformity is sometimes, but not often, hereditary. It is occasionally, but not usually, complicated with ectrodactylism or other deformities.

Syndactylism may be complete or incomplete. The complete form involves the whole length and thickness of the fingers, which have a common investment of skin, with perhaps a slight furrow indicating the normal line of separation. In the incomplete form, the uniting medium is comparatively thin, consisting of normal and palmar integument, with more or less intervening cellular and adipose tissue. This uniting medium may extend the whole length of the fingers, or only a part of their length; it may be quite narrow or of considerable breadth. It is generally broadest and thinnest toward the distal extremities of the fingers. The fused fingers are usually of normal size and structure. When they are very firmly bound together, they are apt to be smaller than in their normal state. There may be separate nails for the fingers, or a common nail of great breadth may extend over two or more fingers. The coalescence of the fingers may be almost complete, even involving the bony phalanges. The superficial palmar arch has been known to extend below the level of the normal commissure of the fingers. Bernier, of Besançon, reports a case in which a child was born with the thumb and four fingers all confounded, so as to constitute but one body of the full breadth of the hand, and having a single nail at the extremity of the dorsal surface. The five toes were in like manner joined together. Dessaix reports a similar case.

Acquired syndactylism is the result of adhesion of two or more of the fingers by means of cicatricial bands following burns or very severe mechanical injuries. Many cases of syndactylism, whether congenital or acquired, are capable of being cured by a surgical operation. Where the fingers are all fused together in a common mass, as in the cases reported by Bernier and Dessaix, little or no benefit, as to appearance or function, is to be expected from treatment. In those cases of complete fusion in which only two or three fingers are involved, there is a better chance of success from an operation. Velpeau and Verneuil object to an operation where there is bony union. Fort objects to an operation where the fusion does not extend beyond the proximal phalanges, on the ground that in such cases the deformity and functional disturbance are but slight. When the thumb is fused with the index finger, an operation is specially important to the function of the thumb. When all the fingers are joined together by a cutaneous web, their separation is of less importance to function than to appearance, and, even in such cases, serious difficulties are sometimes encountered in the attempt to separate them. The general principles of treatment are the same in congenital and acquired syndactylism.

There is a difference of opinion among surgeons as to the most eligible time for an operation in congenital syndactylism. Chelius recommends waiting until the age of puberty. Nélaton, Maisonneuve, and Chassaignac recommend an early operation. Verneuil prefers the age of three or four years. In acquired syndactylism in children, Verneuil advises a delay of one or two years after the occurrence of the deformity.

Until a comparatively recent period the operations which were performed for the relief of syndactylism, were successful in a very limited degree, except in cases in which the uniting medium was broad and thin. The older surgeons contented themselves with a free division of the uniting medium, and the interposition of lint, bandages, or plasters between the fingers until the wounds were healed. The consequence was the healing by granulation and cicatrization, and the reunion of the lateral surfaces of the fingers with each other to a considerable extent below the normal commissure, and for some time after the healing of the wounds the persistent contraction of the cicatricial tissue caused the newly formed commissures to descend more and more toward the distal extremities of the fingers. In cases in which the uniting medium is thin and broad, this retrocession of the commissures may be prevented by great care in the dressing of the wounds. After incising the web or uniting medium, the edges of the integument of each finger should be closely approximated by strips of adhesive plaster throughout their whole extent, great care being taken to make firm pressure as close as possible to the newly formed commissure, which should be a little higher up than the normal separation of the fingers. The dressings should be frequently repeated, the parts being washed each time with a solution of mercuric bichloride, eight grains to the pint. The growth of granulations should be restrained by the frequent application of nitrate of silver, and the wound should be sprinkled with subnitrate of bismuth. When there is an obstinate disposition to the growth of granulations from the surface between the fingers, in addition to the means which have been mentioned, an elastic band may be applied between the fingers, and its two ends attached before and behind to a bracelet which is worn around the wrist. By this means any required

degree of pressure may be maintained to repress the growth of granulations. In cases in which any considerable difficulty in overcoming the deformity is apprehended, it will be advantageous to establish one interdigital space completely before attempting the establishment of another. In this way pressure can be more advantageously maintained to approximate the edges of the wounds, and a more abundant supply of material can be obtained to close the vacant spaces on the borders of the fingers.

When the uniting medium is very thick and narrow, advantage will be derived from making the incision encroach a little on the dorsal and palmar surfaces of one of the fingers, so as to leave a more ample supply for the other. By this means the edges of the wound on the second finger may be healed by first intention; and although the healing of the other wound will be retarded, there will be no tendency to the reëstablishment of lateral union between the two fingers. The healing of the wound which is left to granulate may be accelerated by skin grafting. Occasional instances of congenital syndactylism have occurred in which there was a small hole through the uniting medium just below the position of the normal commissure, the hole being lined with integument. In such cases after division of the uniting medium from the perforation to the distal extremity, and separate dressing of the fingers, there is no tendency to coalescence, the skin lining the perforation being an effectual barrier to the descent of the commissure. The following case illustrates this condition as well as the coexistence of ectrodactylism and syndactylism. On the 23d of August, 1848, I saw a female child of Mrs. F., two months old. It was the first child of her parents, and was in good health, but deformed as follows: Right hand, thumb and index finger perfect, the other three fingers have each only the first phalynx, and they are all webbed together throughout their whole length. The mother states that when the child was born a cord passed from the little to the ring finger over their truncated extremities, and that this cord was spontaneously ruptured at the age of three weeks, soon after which it disappeared. A little rudimental knob was also over the united ends of the middle and ring fingers. This also dropped off. Left hand, thumb perfect, each of the fingers has but two phalanges, the distal phalanx being deficient. The middle and little fingers each have a small pedunculated knob at the extremity. The index and middle fingers, and the ring and little fingers, are webbed at their distal extremities, but free towards the hand, so that a probe can be passed between them and moved freely. The middle and ring fingers are closely webbed together throughout their entire length, with the exception of a small perforation, barely admitting the passage of a probe, at the level of the normal commissure. The right foot is in its normal position, but the distal phalanx of the great toe is wanting. The left foot at birth presented a slight degree of varus, but, by the persistent manipulations of the mother, the position has been nearly rectified. The toes of the foot are all perfect.

On the 23d of August, I separated the index from the middle finger of the left hand, and the ring from the little finger, bandaging the fingers separately, and on the 11th of September, I separated the middle from the ring finger. The wounds all healed favorably, and the separation of the fingers was complete.

The favorable results of the operation in this class of cases in which there is a perforation between the fingers, have led surgeons to make an artificial perforation where the uniting medium was entire, and to maintain the opening by passing through it a metallic wire and leaving it in place until the circumference was cicatrized. When the web is broad and thin, such perforation is unnecessary. When it is narrow and thick, it is very difficult to secure cicatrization of the margin of the hole, and the attempt gives rise to a considerable amount of irritation. Upon the whole, I am not disposed to regard the method as one of great practical value.

Maisonneuve treated a case of syndactylism by including the uniting medium throughout its entire length between two wedges acted on by screws, so as to make pretty firm pressure, on the principle of Dupuytren's enterotome. It occasioned but little pain or inflammation. The section was complete about the twelfth day, when the fingers were found to be healed. The separation of the fingers was perfect and permanent.

Velpeau treated syndactylism by incising the uniting medium throughout its whole extent, and applying three sutures at the commissure, one in the middle and one on each side. Verneuil modified the practice by applying sutures along the whole lateral surfaces of each finger. Follin, Theguier, Morel Lavallée, and Vidal de Cassis, report successful cases treated in this way.

Fort gives a description of a variety of plastic operations devised by different surgeons for the cure of syndactylism.

The process of Letter is as follows: A triangular flap of dorsal integument with its base at the commissure, and its apex at the articulation of the first and second phalanges, is cut and reversed on the dorsal surface of the hand. The web is then divided throughout its whole length, and the flap is brought down and attached by suture to the palmar integument. Morel Lavallée modified this process by making a palmar flap as well as a dorsal one, truncating their apices, and uniting by suture.

Ths process of Dieffenbach consists in dividing the uniting medium, dissecting the skin from the subjacent parts on the dorsal and palmar surfaces, and then gliding the flaps together and uniting them by sutures on the side of each finger.

The process of Decés consists in forming the commissure from the web. The fingers being separated as widely as possible, the surgeon seizes the web longitudinally between the blades of a dissecting forceps, the points of the forceps corresponding with the normal position of the commissure. An assistant holds the forceps while the surgeon cuts on each side from the free extremity of the web to the commissure, leaving the web attached at the commissure. The fingers are separately dressed, and heal by granulation and cicatrization, while the web sinks and forms

a commissure. Decés had complete success with this plan in a case of syndactylism from the cicatrix of a burn, in a child of eight years. The commissure appeared entirely satisfactory thirty months after the operation.

A very ingenious operation for the cure of syndactylism was devised by the late Dr. J. Kearney Rodgers, of this city. I cannot give the exact date of this operation, and I am not certain whether Dr. Rodgers published an account of it. But I have a record of a case in which I repeated the operation in 1846, and I have a strong impression that Dr. Rodgers had performed the operation many years before that time. The operation consists in making a longitudinal incision on the palmar surface of one finger and on the dorsal surface of the other, and dissecting from the adjacent parts a dorsal and a palmar flap, the palmar flap covering the side of the finger from which the dorsal flap was taken, and the dorsal flap covering the side of the finger from which the palmar flap was taken. In this way the lateral surfaces of the fingers were covered with sound skin, and the wounds left to heal were transferred to the palmar surface of one finger and the dorsal surface of the other.

In the case in which I performed the operation there was partial sloughing of the flaps, troublesome secondary hemorrhage, and a considerable amount of inflammation. The healing process was retarded, and was not completed until about three months after the operation. The fingers were well separated from each other, but their motions were not very free, when the child was taken from the city.

One of my colleagues in the New York Hospital undertook the performance of Dr. Rodgers's operation on an adult patient, but made the singular mistake of making the dorsal and palmar incisions on the same finger, leaving that finger only half covered with integument, while the adjacent one had a superabundant covering. The result was very satisfactory. The wound of the finger which was amply supplied with integument healed very promptly; that of the other finger healed very slowly, but there was no raw surface on the other finger to which it could adhere, and the syndactylism was completely cured.

M. Fort gives an accurate description of Dr. Rodgers's operation, illustrated by woodcuts, but he makes no mention of Dr. Rodgers. He ascribes the operation to M. Didot, of Liege, in Belgium. Didot published an account of the operation in the *Bulletin de l'Acad. de Bruxelles*, in 1850, tom. ix. No. 5. Sedillot says that Didot reported successful cases in 1845. There seems to be no reason to doubt that Dr. Rodgers was the originator of this operation, and that he performed it a number of years before Didot. It does not appear certain whether Didot had become acquainted with Dr. Rodgers's operation. If he had not, it is remarkable that he should have devised an operation agreeing with that of his predecessor in all its minute details.

Nélaton claims to have anticipated Didot in this operation.

In *The Medical Press and Circular* of April 25th, 1866, Barwell describes an operation which he performed with success for the cure of syndactylism. He divided the uniting medium close to the side of one finger, so as to leave ample integument to cover the other finger; and he cut a flap from the side of the gluteal region to cover the denuded side of the first finger, binding the forearm and hand to the body until the flap had united with the finger.

The most valuable collection of facts in relation to ectrodactylism and syndactylism is to be found in a monograph entitled, *Des Difformités Congénitales et Acquises des Doigts, et des Moyens d'y Remédier*, par le Dr. J. A. Fort. Paris, 1869.

A NEW METHOD OF PREPARING EGG-ALBUMEN.

BY EDWARD T. REICHERT, M.D.,

DEMONSTRATOR OF PHYSIOLOGY AND EXPERIMENTAL THERAPEUTICS, UNIVERSITY OF PENNSYLVANIA.

UP to within very recent years the white-of-egg was considered to be an almost pure egg-albumen; consequently, the old method of Hoppe-Seyler for preparing egg-albumen directs that the white-of-egg be finely cut with a pair of scissors and mixed with an equal volume of water; the mixture is now shaken briskly in a flask until quite frothy, and is then allowed to stand. In a few moments the froth, having adherent the fibres of the fine membranous network of the white-of-egg, will collect on the top of a turbid yellowish fluid. The solution is now strained through linen and filtered, and the filtrate dried at a temperature not above 40° C. Before drying, it can be further purified of most of its salts by dialysis.

Recent researches of Lebonte and Goumœns (*Journ. de Pharm.*, s. 3, xxiv, 17), Sherer, and others, show that the white-of-egg is not a proximate albuminous principle. The former investigators found that dilute or glacial acetic acid gives a decided precipitate with the white-of-egg, while Sherer observed that if a small quantity of dilute acetic acid was added to the solution of the white-of-egg and the liquid largely diluted with water a flocculent precipitate occurred; furthermore, that this precipitate was soluble in a small quantity of potassic nitrate and sodic chloride, and was coagulable. It has since been determined that the body thus precipitated is a globulin, consequently a more recent method of preparing egg-albumen is gradually to add dilute acetic acid as long as a precipitate occurs. The mixture is now filtered and dried, or dialyzed before drying, as in Hoppe-Seyler's method.

Wurtz (*Ann. Chem. Phys.*, 3, xii. p. 27) gives a method which is represented to give pure albumen. The white-of-egg is freed from its membranes as in Hoppe-Seyler's method and filtered, the filtrate is mixed with a small quantity of basic plumbic acetate, which produces an abundant precipitate. The precipitate is washed and is then brought to the consistence of thick paste. CO_2 is passed through, which decomposes the plumbic albuminate, forming plumbic carbonate, which is suspended in the liquid, while the albumen in a free state remains in solution. The solution is filtered through a paper previously washed with dilute acid. The filtrate is treated with a few drops of sulphuric acid and then cautiously heated to 60° C., until it begins to show turbidity; the first

flocks of the albumen precipitated carry down the whole of the plumbic sulphide. The filtrate is perfectly colorless and is evaporated at 40° C., the residue consisting of pure soluble albumen. (*Watt's Dict.*)

The recent method of Hoppe-Seyler (*Phys. und Path. Chem. Analyse*, 1883, p. 270) directs that, after separating the membrane and filtering, the solution is purified by saturation with magnesic sulphate at 20° C., the precipitate is washed by a saturated solution at this temperature; the filtrate is now precipitated by saturation with sodic sulphate at 20° C., the precipitate is collected and repeatedly dissolved in water and reprecipitated by sodic sulphate. The sodic sulphate is now removed from the precipitate by the addition of a large amount of distilled water, and the precipitate then collected and dried at between 40° and 50° C. This gives a tolerably salt-free albumen.

These methods I have entirely superseded for general laboratory purposes by the use of carbonic acid water or the common soda-water of commerce. My method is to free the white-of-egg of its membrane as in Hoppe-Seyler's method, but before filtering to add an equal volume of carbonic acid water. This causes a considerable amount of flocculent precipitate, which settles readily or which can be quickly filtered off. The filtrate is perfectly clear, passes with comparative rapidity, and is slightly alkaline in reaction; it gives no precipitate with dilute or strong acetic acid, or by the further addition of CO_2. Very little of the CO_2 remains in the solution in a free condition, but seems to be combined with the free alkali in the white-of-egg. This solution, which is now free from globulin, can be dried at a temperature of about 40° C., or can be freed beforehand of most of its salts by dialysis. The quantity of carbonic acid water necessary will of course depend upon the amount of gas in solution, and the only rule is to add sufficient to precipitate entirely all of the globulin.

This method of preparation possesses great advantages over the foregoing, inasmuch as the albumen is quickly prepared and in a condition sufficiently pure for general laboratory work; the process is very simple; and there is not the objection of the contamination of so foreign an element as acetic acid. Since the white-of-egg contains alkaline carbonates as natural constituents, and as the CO_2 seems to form such salts, the introduction of the gas can scarcely be considered in any way objectionable.

The carbonic acid water is now readily obtained in siphon bottles at a very nominal cost, is always ready for use, easily handled, and, when added to solutions in proper proportion, immediately saturates them without giving rise to the excessive annoyance experienced in albuminous solutions by the formation of bubbles while passing a stream of gas through them. These advantages in the use of the carbonic acid water over the gas have caused me to substitute it for some time in testing, and I have found it to act most admirably in the precipitation and preparation of various proteids, which I will shortly report. If it is desirable to have the carbonic acid water free from the contaminations of our river waters, *distilled water* can readily be charged with the gas.

A CURIOUS CASE OF PERSISTENT REFLEX SPASM OF THE DIAPHRAGM.

BY A. L. RANNEY, M.D.,
PROFESSOR OF APPLIED ANATOMY IN THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.

A CASE which I desire to bring before the notice of the profession was lately sent to me by Dr. L. M. Bingham, of Burlington, Vt., for diagnosis and suggestions as to treatment. Her history was as follows:

Miss E. W. Unmarried. Aged forty-four years. Her father died of cancer, complicated with phthisis, at the age of seventy; her mother died of heart, disease at the age of thirty-five. She has three sisters living, all of whom are "delicate and of a nervous temperament." Two sisters died of Bright's disease. One niece of the patient had chorea of a severe and persistent type.

As a child, the patient was afflicted with "extreme nervousness," but never had any marked symptoms of chorea. She menstruated at thirteen years, but was irregular until she reached the age of thirty years, since which time the menstrual function has been normal. Insomnia became developed as a marked symptom at the age of twenty years. It has persisted ever since; but with varying degrees of intensity. From youth she has been subject to more or less tremor of the hands, and has lately noticed that excitement markedly increased it. The tremor stops during sleep and does not cause her much inconvenience during the day. Neuralgic pains occasionally shoot into the hands and fingers, and are often experienced in the shoulders, back, and left side.

Four years before the date of my examination, she was attacked with *paroxysms of hiccough*. These have persisted throughout the past four years. The attacks come on in paroxysms which last from ten to sixty minutes. They are often so severe as to cause vertigo and symptoms of asphyxia. *They almost invariably follow movements of the upper extremities.* For that reason all manual efforts have been avoided for some years. The sweeping of a room will throw the patient into a severe paroxysm of hiccough. Sewing is rendered impossible for the same reason. Dressing the hair almost invariably induces an attack. Movements of the head, trunk, or legs seem to exert no influence upon the patient of a similar character.

Of late, neuralgic attacks have become more frequent and severe. The eyes have been affected with neuralgic pains of a severe type, and also the shoulder of the left side.

On examination, no loss of muscular power was detected by me in either hand by means of the dynamometer. The condition of her body in respect to sensations of touch, pain, and temperature was tested and found to be normal. No painful points (the puncta dolorosa of Valleix) were detected over the seat of the neuralgic attacks. Pressure made over the spinous processes of the vertebræ produced no pain *except at one point.* This corresponded to the situation of the fourth, fifth, and sixth cervical segments of the spinal cord. Here the patient suffered marked pain on pressure and the skin was markedly hyperæsthesic. The patient stated, in reply to my

interrogations, that this region had been the seat of a continuous "aching sensation" for the past four years. The superficial and deep spinal reflexes were normal. Coördination was performed perfectly in both the upper and lower extremities. The pupils were normal and responded perfectly to light and visual accommodation.

The condition was evidently one of abnormal excitability of the lower cervical segments of the cord, associated with general neurasthenia. The fifth cervical segment gives origin to filaments which enter into the formation of both the brachial plexuses and the phrenic nerves. The phrenic nerves arise from the third and fourth segments as well. The case appears to justify the conclusion (based upon anatomical data), that the activity of the lower cervical segments (necessary to movements of the arms and hands) produced in adjacent segments of the cord an abnormal irritation of the cells associated with the physiological function of the phrenic nerves—hence the diaphragmatic spasm.

The patient was burnt with the benzine cautery apparatus over the cervical and dorsal segments of the cord, and ergot and the bromides were ordered to relieve the local congestion of the cord that probably exists. This treatment had previously been tried for a short time with marked benefit, but had been discontinued when the symptoms exhibited amelioration. The effect of the continued use of the cautery has yet to be determined.

156 MADISON AVENUE, May 18, 1884.

MEDICAL PROGRESS.

POISONED ARROWS.—DR. R. CAMPBELL, Civil Surgeon of Tezpore, has, the *Indian Medical Journal* reports, made some experiments with the poisoned arrows taken from the Aka after the raid at Balipara last November. He feels certain that the poison used is dried aconite-root, pounded and fastened on the arrow's head by a gum. As a rule, the shafts and the heads are separate pieces, so that, in trying to pull the arrow out of the wound, the head is left in. He recommends the hypodermatic injection of liquor ammoniæ, two parts to one of water; and syringing out of the wound with solution of nitrate of silver, forty grains to the ounce, as the most useful treatment.—*British Medical Journal*, April 26, 1884.

NITRITE OF AMYL IN MIGRAINE.—DR. BIANCHI has caused the instantaneous disappearance of this troublesome affection by making the patient inhale three drops of nitrite of amyl placed on a handkerchief. The subject was a woman who suffered from this neurosis at each menstrual epoch. It is well known that nitrite of amyl acts by paralyzing the muscular fibres of the small arteries, and that its action is specially exerted on the cerebral vessels, and that local congestion is the consequence of this congestion.—*Revue de Thérap.*, May 15, 1884.

TREATMENT OF TETANUS.—DR. MARAGLIANO, *à propos* to a case of tetanus cured by isolation and large doses of chloral, draws the following conclusions in an article published in *La Salute:*

1. The patient should be placed in a dark room, which should be noiselessly entered every fifteen minutes in order to give food or drink.

2. The ears should be so stopped that the patient shall have absolute rest, and the floor should be carpeted.

3. Every three or four hours the patient should take some bouillon, an egg, and some white wine.

4. All pain should be calmed by administering belladonna, conium, or chloral, the last being preferable.—*Revue de Thérap.*, May 15, 1884.

ULCERATION OF THE TRACHEA AND OPENING OF THE INNOMINATE BY A TRACHEAL CANULA.—At the meeting of the Société Médicale des Hôpitaux, on April 11, M. D. HEILLY presented the specimens from this case. Tracheotomy had been performed during an attack of croup. The case went on well, with the exception of slight fetor of the wound. After the second day the canula was removed for several hours every day, and on the sixth day was removed altogether. On the eighth day the child was apparently well. On the twelfth day profuse hæmoptysis set in, and death soon followed. At the autopsy it was found that the anterior wall of the trachea had been ulcerated by the stylet of the canula; this also involved the innominate. Deep ulcerations of the trachea after tracheotomy are very rare. Cases of ulceration of the œsophagus have been reported, but opening of the innominate seems to have been observed only twice, by Howse.—*Gaz. Hebdom.*, April 18, 1884.

HYSTERECTOMY FOR FIBROUS TUMOR COMPLICATED BY HYDRONEPHROSIS.—At the meeting of the Société de Chirurgie, on April 2d, M. POZZI reported this case. The patient was a woman, forty-four years of age, who had had a tumor of the uterus for eight years, and for five or six months had had a fluctuating tumor in the right side, which, after an exploratory puncture, was diagnosticated as hydronephrosis. After the puncture hectic symptoms came on, the patient weakened rapidly, and got into a very bad condition. Pozzi punctured the cyst again, and drew off a large amount of purulent fluid. On the next day he performed hysterectomy, and found an enormous uterine fibroma, which he separated by two elastic ligatures, one at the cervix, the other at the broad ligament, whilst a third was applied on the right side of the tumor, where it was adherent to the hydronephrosis cyst. On this side the pedicle was enormous. The pedicle at the broad ligament was left in the abdomen. The hydronephrosis attained its original size in about five weeks, when another puncture, and washing with sublimated water, caused it to disappear entirely.—*Gaz. Hebdom.*, April 18, 1884.

EXTIRPATION OF THE UTERUS THROUGH THE VAGINA.—On March 8th PROF. PERUZZI performed this operation in the hospital at Lugo. The patient was thirty-four years old, and had cancer of the cervix, with supravaginal infiltration. The Billroth operation was performed. On April 18th the patient was doing well.—*Gazz. Med. di Torino*, May 5, 1884.

LAPAROTOMY FOR VOLVULUS.—DR. AMBROSI recently performed this operation successfully at the Monte Giorgio Hospital.—*Gazz. Med. di Torino*, May 5, 1884.

THE MEDICAL NEWS.

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SATURDAY, JUNE 14, 1884.

THE PREVENTIVE INOCULATION OF HYDROPHOBIA.

THE cable has recently brought to this side of the Atlantic the news that M. PASTEUR had discovered, isolated, and cultivated the virus of hydrophobia, and made protective inoculations with it. Immediately, the medical journals repeated this announcement, and the public prints gave it a warm welcome, and spoke of it as a great achievement, full of promise for suffering humanity. Medical men, too, have been interviewed by newspaper reporters, and, on the strength of the meagre and imperfect abstract which the cable had furnished to the daily papers, have expressed an unqualified approval and endorsement of Pasteur's views.

We have delayed our comment until after receipt of the paper of M. Pasteur, read before the Academie de Medécine, May 20. This is now at hand, and demands, we think, a little different handling from what the previous account has received, and of a sort which the possibility of Pasteur being misrepresented in this would have hardly warranted.

The points of M. Pasteur's paper are as follows: The protective power of inoculations with attenuated virus is an established fact. The virus of rabies is attenuated by passing it by successive inoculations through the monkey. It is increased in virulence by similar passage through the rabbit or guinea-pig. In either case it can then be communicated to the dog in its modified state of virulence, either greater or less than original, producing in one case certain death, in the other protection. The plan of action proposed is to take the virus from a rabbit dying after inoculation at a period somewhat longer than the shortest (which he assumes to indicate the greatest virulence), and inoculate this successively in other rabbits, inoculating in the first instance from it, and in turn from each of the series of rabbits, a dog. The effect, Pasteur asserts, will be to render the dog refractory to the rabies which occurs "on the streets," that is, to the natural as contrasted with artificial inoculation.

Pasteur next asserts: "By inoculations of the blood of animals, I have succeeded in simplifying very much the operation of vaccination, and in procuring in the dog the most refractory state." He expresses the hope that he will be able, by the application of his theory, to secure immunity in animals after they have been bitten. Finally, he says he would have been happy to have published this announcement only after his conclusions had been "controlled" by some of his colleagues, but for the lack of sufficient material, and that he has asked the Minister of Public Instruction to appoint a Commission to test the results of his experiments.

The scientific and humanitarian importance of this announcement is very great, and, being coupled with the positive assertion of Pasteur that it furnishes an "infallible" means of preventing and curing hydrophobia, there is no wonder that numberless persons have applied to M. Pasteur and expressed their willingness to be inoculated with the modified virus which causes rabies. But, as the reaction which follows upon the dispelling of an illusion is all the greater the higher the illusion has raised the hopes of mankind, it may be worth while to call the attention of our readers to certain facts which ought not to be out of mind for an instant when weighing the claims of this promising announcement.

In the first place, it ought not to escape the notice of the careful observer that what Pasteur proposes in his paper is not a strict application of his own theory. He claims that passage through monkeys weakens the virus, while passage through rabbits strengthens it; and then he proposes protective inoculations with virus taken from rabbits, which is more virulent, not virus from monkeys, which is attenuated. In the second place, it will be noticed that he does not assert that he has in this way secured immunity against rabies a single time. He says he has *simplifiea the operation of vaccination by inoculations with the blood of animals*, and so has produced the most refractory state. He has not made, and does not dare to suggest, the application of his theory to the protection of human beings. And for animals he only hopes its application may prove effective to save after a bite has been inflicted. The request for the appointment of a Commission to test the value of his hopes, indicates that M. Pasteur is willing to have it tested, but it would be a mistake to suppose it adds

to its claim upon the acceptance of others *before the test is applied.*

There are other serious flaws in the argument of this paper, but we have not time now to point them out. We pass to some more general considerations as to the position claimed by M. Pasteur and his supporters in relation to this subject.

M. Pasteur has done a great deal to advance the study of what are called disease germs, but he has not had such confirmation of all his assertions as to warrant the acceptance of a strange statement from him before it has been tested and corroborated by others. In a variety of matters he has made extravagant claims of discovery, which have not borne the test of time. In regard to hydrophobia, it is not long since he made an announcement, as positive as this last one, which was very soon shown to be utterly erroneous. Even if this were not the case, one might look with some distrust upon the statements now made in regard to the curious weakening and strengthening of the virulence of the assumed virus of rabies by respective inoculations into rabbits and monkeys. In regard to this matter, the assertions of Pasteur lack the essentials of scientific accuracy. We have not yet been told the reason for calling rabid the dog from which he got the virus he first used. No one but Pasteur has seemed to show that this virus resides where Pasteur says it does—in the brain especially, and with peculiar virulence. On the contrary, as Pasteur does not appear to know, many other parts of the body, solids and fluids, have been inoculated with as great degree of success as he claims for his inoculations with the virus taken from the brain, where he says it can be gathered in "perfect purity." Further, he, and those who follow his lead, find it convenient to ignore utterly the inoculation-experiments of such excellent observers as Hertwig, Wright, Galtier, Paul Bert, and Colin, which show that, whatever it may be which is produced by the inoculations of brain substance, this does not succeed as invariably in the hands of others as it does in those of Pasteur; that, when it does succeed, the result does not differ from what can be effected with many other matters from various parts of a subject supposed to have rabies, or from similar parts of subjects beyond suspicion of it; and that the result is probably a form of septicæmia, not rabies at all.

For a few years Pasteur, whose attention was accidentally attracted to this subject in the Academie de Médecine of Paris, has been experimenting upon it. If he has ever produced what can with security be called rabies by his inoculations, the record of these experiments is wanting. If he has a well-defined idea of what rabies really is, he has never yet made it public. On the contrary, he has formulated in another place a sort of definition which is elastic enough to permit him to affirm anything produced by his inoculations to be what he was after. "Nothing," he has said, "is more varied than the symptoms of hydrophobia. Each case of hydrophobia has, so to speak, its own special ones" (*les siens propres*).

This is not the way to get at a truth so obscure as the nature of hydrophobia. And we think it a duty to warn our readers against too hasty an acceptance of this recently cabled announcement of Pasteur, or too sanguine a trust in the saving grace of a virus attenuated by passage through monkeys. It may be all so; but this newcomer has such a questionable appearance that we may not be accused of being too sceptical if we await the report of the commission appointed to consider the subject.

TUBERCULOSIS OF THE TONSILS.

TWENTY-TWO years ago, Virchow wrote: "The explanation of the fact that tubercle of the tonsils has not been observed, I am unable to give. Possibly it is merely due to want of sufficient examination. Even if tubercle should be found, it must occur so rarely that these organs may be said to possess a sort of immunity." Since that time, tubercle of the tonsils has been many times seen and described as occurring in connection with tuberculosis of the throat and soft palate. But as this affection is relatively rare in these parts as compared with other structures, the dictum of Virchow has been generally received as true. This more or less complete immunity of the tonsils is, from the standpoint of the doctrine of infection, a very remarkable fact. Consisting of a tissue, in which elsewhere tubercular processes develop by preference, situated at the entrance to the organs of respiration and alimentation, and subject constantly to morbid processes of all kinds, the tonsils ought to be peculiarly liable to tuberculosis.

DR. FRITZ STRASSMANN, *Virchow's Archiv*, May 5, 1884, at the suggestion of Cohnheim and Weigert, conducted in the Pathological Institute at Leipsic, last year, a series of investigations with a view to determine the question as to the occurrence of tubercle in these structures. His results are wholly at variance with the views hitherto held.

In bodies showing tuberculous changes, he found tubercle in the tonsils to be extremely common—not less than 13 times in 21 cases. It was present as disseminated miliary deposits of small, or even the smallest, size, and in varying distribution—a single preparation sometimes containing a great number, while sometimes several sections had to be examined before any were encountered. These tubercles are rich in giant-cells, and resemble the deposits found in the lymphatic glands. Somewhat larger caseous masses were also seen, but very seldom. Bacilli occurred in small numbers and the sur-

rounding tissues showed very little change. The condition resembled closely that of the kidneys in urogenital tuberculosis, or in acute general miliary tuberculosis, and was in striking contrast to the spreading caseation and destructive deep ulceration of the tonsils, seen when the tuberculous process invades them from the throat or palate. The affected tonsils were of normal size, or atrophied or hypertrophied as the case might be, but showed no characteristic macroscopic appearances.

Among the 21 cases were 15 of tuberculous disease of the lungs; of these, tuberculosis of the gut was present in 5; of the larynx in 5; of the pleura in 2; of the liver and kidneys in 3; finally, of the tonsils in 13.

In contrast to this group were six cases in which the tuberculosis had not proceeded from the lungs. In two of these—one a case of acute miliary tuberculosis having its origin in caseating bronchial glands, the other of tuberculosis of the suprarenal capsules—the lungs were, it is true, the seat of a recent secondary tuberculosis. In the four others, namely, one case of tuberculosis of the intestine, one of the testicle, and two of the serous membranes, the lungs were wholly free. In none of this second group of six cases was tubercle found in the tonsils.

In so far as the cases observed warrant a conclusion, it may be stated that tubercle of the tonsils is a very frequent accompaniment of tubercular disease of the lungs; and since the former condition was only present in those cases in which infection by means of the sputa could occur, and in none of the others, the probability that such infection is the cause of tonsillar tuberculosis becomes very great. Nothing was found that would in any way sustain the view that tubercle may occur as a primary lesion of the tonsils in consequence of the direct access of the infecting principle to their tissues. The condition described is altogether without clinical significance.

RUPTURE OF THE VAGINA IN ITS MEDICO-LEGAL ASPECTS.

FROM copies of the *Morning Herald*, published at Dunedin, New Zealand, recently received, we learn of the trial of a practitioner named Parry, for having "killed and slain" a woman in labor, and of his conviction with sentence to four months' imprisonment. There seems to have been a most indecent and unjust haste in the judicial proceedings, for the offence with which he was charged was committed on the 28th of March, and Parry was tried, convicted, and sentenced on the 2d of April; and by this haste the voice of popular clamor was echoed rather than the calm utterance of justice. From the scanty evidence found in the paper, we gather that the doctor was called to a woman in labor, and, upon his first examination, ascertained she had a rupture of the vagina, and so stated to one of the women present; he seems to have given the patient chloroform to relieve her suffering, but resorted to no active interference, telling the husband that his wife would die. The two medical men examined for the prosecution, stated that death occurred from hemorrhage caused by the rupture, and that this was from external force. How they could know that external force caused the rupture, we do not understand, for the post-mortem was made a day after the woman's death, and the form of the injury does not indicate its cause. The medical gentlemen who testified for the defence were very modest in their claims, merely stating that the vagina might be ruptured without external violence, and apparently were thus as far wrong one way as those for the prosecution were the other way, but both to the detriment of the prisoner. The evidence ought to have been that vaginal rupture in labor is in almost every case the result of uterine contractions; and generally, too, some tearing of the uterus is associated with the vaginal injury.

We are glad to see that a special meeting of the New Zealand Medical Association was held very promptly, at which it was unanimously resolved "That it is the opinion of the highest obstetrical authorities that nearly all cases of uterine and vaginal rupture depend upon pathological conditions, and have occurred in the most skilful hands." It was also resolved that a petition should be forwarded to the Governor, praying for a commutation of Dr. Parry's sentence. But why did not the Association simply state that the great majority of these injuries were spontaneous and not traumatic? Above all, why was not such evidence introduced at the trial? The judicial proceedings seem to us marked by shameful blundering—the court blundered, the counsel for the defence did not bring in the strongest evidence, the medical witnesses on each side blundered, and finally the jury completed the series of blunders. New Zealand justice proved itself in this case very prompt, but also very blind.

THE RECIPROCAL HEREDITY OF UTERINE MYOMATA AND PROSTATIC HYPERTROPHY.

DR. PAUL J. B. M. JOSSO has brought forward, in the *Gazette Médicale de Nantes*, some interesting statistics apparently showing a reciprocal heredity between uterine myomata and prostatic hypertrophy. He believes that a full study of the subject will perhaps lead to the announcement of this law: Myomatous degeneration of the uterus in the mother predisposes not only her daughters to this affection, but also her sons to prostatic hypertrophy, and, reciprocally, hypertrophy of the prostate in the father predisposes not only his sons to the same disease, but also his daughters to uterine myomata.

Certainly this is an important law if sufficiently numerous observations verify it.

One of the arguments suggested by Dr. Josso is that from embryogeny, and he seems to consider the prostate as the analogue of the uterus. But it is the prostatic utricle, rather than the prostate itself, which some embryologists have regarded as the analogue of the uterus; another argument against the suggested analogy is that the uterus is developed at a very much earlier period of embryonic life than the prostate. However, the question must be decided by clinical observation rather than by the history of intra-uterine formation.

SINCE December 14, 1881, DR. ALEXANDER, of Liverpool, has operated in twenty-one cases of prolapse, or of posterior displacement of the uterus, by shortening the round ligaments. The results have been generally very satisfactory. The operation has been performed by others—among these are Dr. Imlach, one of the surgeons to the Liverpool Hospital for Women, who has operated fifteen times in the last sixteen months, and Dr. Burton, another surgeon to the same hospital, who has operated six times.

The operation appears to be a reasonable one, not very difficult of performance, and, if its results prove permanent, one that is to be commended, for certainly posterior displacements and prolapse of the uterus, if at all chronic, while they may be palliated, or relieved at least temporarily, very often are most rebellious to cure.

SOCIETY PROCEEDINGS.

THE NEW YORK COUNTY MEDICAL ASSOCIATION.

Stated Meeting, May 19, 1884.

THE VICE-PRESIDENT, CHARLES A. LEALE, M.D., IN THE CHAIR.

DR. GASPAR GRISWOLD read a paper entitled

NOTES ON ALBUMINURIA.

Ever since the publication of Dr. Bright's views in 1827, until very recently, he said, the presence of albumen in the urine had been regarded as positive proof of disease of the kidneys. This position remained unassailed as long as dropsy and other symptoms existing in connection with the albuminuria pointed toward the kidneys; but since it had become almost the routine practice of many physicians to test the urine of nearly every patient consulting them, a change of opinion had occurred. This had also been due, to a considerable extent, to the observations of medical men engaged in making examinations for life insurance. The somewhat startling fact had thus been developed that albuminuria was sometimes found in persons who stated that they were in perfect health, and who had every appearance of being so. These persons might be divided into three classes: (1) those in whom the albuminuria lasted a long time, occasionally continuing for years; (2) those in whom it was transient; and (3) those in whom it was intermittent, appearing at certain hours of the day, and being lacking at others.

The question, therefore, arose, Was this kind of albuminuria merely functional, or did it indicate some slight pathological change in the kidney itself? Having given a brief description of the renal epithelium, he stated that under ordinary conditions it permitted only the constituents of normal urine, which were purely excretory, to pass through it; but if its integrity were interferred with in any way, it would allow the blood-plasma and peptones to pass to a greater or less extent into the urine. Peptones were considered by some high authorities to be always present in the urine when albumen was.

Among the conditions which he mentioned as liable to be accompanied by a certain amount of albuminuria were hysteria, anæmia (in which there was recognized epithelial degeneration), and the presence of certain substances in excess in the system, as the biliary principles and iodide of potassium. When the latter was taken in considerable quantities, not only albumen, but casts, were sometimes found in the urine.

It would seem, therefore, that there was a temporary degeneration of the renal epithelium which attended the excretion of large amounts of solid constituents by the kidneys. In speaking of food-albumen, he said that if the albumen of eggs were injected into the blood, it would not be assimilated, but might be recovered from the urine into which it passed. It was, therefore, thought that imperfectly digested albuminous food might perhaps give rise to albuminuria in the same way. Degeneration of the renal epithelium seemed, as far as he was able to judge, to be the cause of albuminuria in nearly all cases; and hence he thought that there could be little doubt that the albumen met with in the urine in apparently healthy individuals was really of renal origin. Slight disorders of all the other organs were sometimes met with, and he saw no good reason why they should not occur in connection with the kidneys also.

Dr. Griswold then gave an abstract of the literature referring to albuminuria in apparent health, and among the authors whom he quoted was Sir William Gull, who had not infrequently noticed albumen in the urine of anæmic young girls about the time of puberty. Moxon had reported in the *Guy's Hospital Reports* nineteen cases of albuminuria in children, without other symptoms, and all of them recovered. Dr. George Johnson had remarked that this kind of albuminuria was more apt to be present in the afternoon, and particularly after exercise, bathing, etc. It was especially likely to be met with in those who indulged in sea-bathing, and remained in the water until they were blue and shivering. Such a condition was, therefore, regarded as a warning of the danger of such practices. He also quoted from German, French, and Italian writers, and then referred to the article of Dr. Munn in the *New York Medical Record* for March 22, 1879, in which he reported twenty-four cases of albumen in the urine of persons applying for life insurance who were apparently in perfect health, in two of them there being casts also in the urine. All were rejected simply in accordance with the rules of the

insurance companies, although in every other respect the individuals were in good condition.

Thus, he continued, there were a large number of excellent authorities who agreed as to the presence of albumen in the urine sometimes in health, and a very considerable number of cases of this had now been accumulated. In regard to the occurrence of albuminuria in the anæmia of puberty, he thought Sir William Gull's position was well taken. As to the effect of exercise in producing albuminuria, Dr. Griswold said that he had himself made repeated examinations of the urine of twenty-four persons after running two or three miles, taking long and brisk walks, etc. In every instance the exercise was sufficiently violent to induce profuse perspiration, and it had usually been followed by a cold shower-bath, which, it had been claimed, was especially favorable to hyperæmia of the kidneys and albuminuria. In not one of these cases, however, was he able to detect the smallest trace of albumen in the urine.

He then related the case of a gentleman who applied for a policy in the New York Life Insurance Company. He appeared before the health examiner in the afternoon, and the urine that he passed at that time was found to be highly albuminous; in consequence of which he was rejected. This was in February. In the following month he was persuaded by an energetic agent to make application at another company, and when his urine was examined at this time it was found to be normal, in consequence of which he was accepted. The gentleman then told what his experience had been at the other company, when, of course, it was deemed necessary to make further examinations of his urine. On the 14th of March it was found to be entirely free from both albumen and casts; but on March 22d it was distinctly albuminous and abounded in both fatty and granular casts. Just before this last examination it was ascertained that he had been taking a boxing lesson, as had also been the case before the examination in the other company. The gentleman then consulted Dr. Janeway in reference to the condition of his urine, and the latter carefully examined his water twelve times without detecting the least abnormality. Dr. Janeway then inquired what he had been doing before passing the urine in which the albumen was found at the life insurance companies, and, learning about the boxing lessons, he made several examinations of urine passed in the afternoon after taking the lesson. The result was that albumen and casts were found in every specimen examined. The importance of one such case as this, Dr. Griswold thought, could not be exaggerated.

He next passed on to speak of the influence of food. The effect of eggs in producing albuminuria had been alluded to by a large number of authors, and with a view to test the correctness of such statements he had experimented very thoroughly on himself, repeatedly eating as many as six eggs at a meal, both raw and cooked in various ways. On no occasion whatever was this ingestion of egg-albumen followed by the presence of albumen in the urine, and the same had been true in the case of a number of friends of his whom he had induced to partake largely of the same diet. In one instance, it was true, the examination of the urine showed the distinct presence of albumen; but, on investigation, it was ascertained that albuminuria also existed in this case when no eggs had been eaten, so that it could not, of course, be attributed to this cause. The gentleman was a physician, who had not previously had any reason to suspect that he was the subject of albuminuria. Eighteen individuals were experimented on, a large number of eggs being consumed by each one of them, with the above result. In regard to the effect of anxiety or mental strain in the production of albuminuria, as claimed by Albutt, Dr. Griswold said that he had had no opportunity to verify the statement, but that he thought it was probably an exaggeration.

In conclusion, he said that he thought we were justified in believing that the kidneys might be the subject of slight transient disease, as was the case with other organs. This was perhaps more properly renal inadequacy than actual disease, and while it was sufficient to produce albuminuria, it was not sufficient to require any special treatment, or to cause any uræmia. He then mentioned the case of a young physician who for some years after an attack of scarlatina, which occurred in his youth, was the subject of albuminuria; from which, during all that time, he was never free in the daytime. For the last four or five years, however, no albumen had been found in his urine. He also mentioned the case of another physician who some years since was seized, at the same time with an ordinary cold in the head, with a sharp pain in the lumbar region. He attributed it simply to lumbago, but a medical friend having jokingly suggested that he might have contracted Bright's disease, he made an examination of his urine, when he found to his surprise that it contained not only albumen, but hyaline casts also. After five days, however, both the albumen and casts disappeared, and had never been found in the urine since. The pain in the back and albuminuria occurred five years ago. Dr. Griswold thought, therefore, that there was probably the same relation between such a cold with albuminuria and Bright's disease that there was between a slight hemorrhage and phthisis. Although such hemorrhages were sometimes undoubtedly the forerunners of phthisis, in many other cases they were not followed by any serious results.

DR. A. FLINT, SR., remarked that the paper opened up a subject of great interest and very considerable practical importance. In addition to the subject of albuminuria, however, he said he should like to hear that of urinary casts also discussed; as these seemed in many instances to denote, if not a purely functional disturbance, at least not a grave form of disease of the kidneys. This fact was certain, that in quite a number of cases albumen and casts were found in the urine without being accompanied by those symptoms which were ordinarily found in acute nephritis, and that, after persisting for a longer or shorter period, they entirely disappeared, leaving the patient in perfect health. These cases were by no means infrequently met with in practice, and the presence of the signs mentioned were very apt to lead the physician to make a prognosis which was not borne out by the subsequent history of the case. He then related the case of a young girl, fourteen years of age, in whose urine a slight amount of albumen, with casts, was found. There was nothing in her condition to call attention to the kidneys, and, indeed, she had no appearance of being ill in any way; so that no examination of her urine would have been made, had the father of the girl not especially requested

it in consequence of the fact that Bright's disease had carried off one or more members of his family. The albumen and casts continued in the urine for a considerable period, although there was never at any time a condition of ill-health, and then disappeared altogether.

DR. WM. H. WELCH said that every one who made many examinations of specimens of urine sometimes met with cases in which there was albuminuria, and yet in which there was no disease of the kidneys that was susceptible of proof, and but a very trifling disturbance, if any, of the health in any way. Sometimes medical students, who were very apt to make examinations of their own urine from time to time, were surprised and alarmed to find the presence of albumen in it. This had been the case with a student two days before, who was apparently in perfect health, but who had been working very hard. Dr. Welch then mentioned the case of a gentleman whose urine was found to contain a slight amount of albumen while he was suffering from some disturbance of digestion. He soon recovered from this, but for ten days or a fortnight the quantity of albumen steadily increased, until it constituted a fifteenth part of the bulk of the urine. At this time he was apparently in perfect health, and it was a noteworthy fact that the quantity of albumen in the urine had been the smallest when he was feeling the worst. In oxaluria and lithæmia, or whenever there were abundant urates in the urine, he thought, as a rule, that a slight trace of albumen would always be found if the urine were examined soon after being voided. Dr. Griswold's theory of the inadequacy of the renal epithelium in albuminuria seemed to him a plausible one, but he hardly saw how its correctness could be established. It was certainly a matter of importance to the profession in general to understand that an individual might be in apparently perfect health and yet have albumen in his urine, and he thought that in many cases even when there was some impairment of the health, it was very hazardous to make a diagnosis of Bright's disease. Personally, he would attach no importance to albuminuria alone, and in some instances even where this was accompanied with casts.

DR. E. G. JANEWAY said that he had had the good fortune to secure an examination of every specimen of the urine passed by a patient for an entire month. This was found to be normal in specific gravity and normal in quantity, and to contain no casts, except on one occasion, when a few hyaline casts were detected. It was, however, always loaded with albumen in the afternoon; though early in the morning and again at night it was entirely free from it. It was found to be albuminous after breakfast, although not before, and Dr. Janeway at first thought that the albumen was caused by the food which he ate; but he afterwards ascertained that it also followed other things besides eating, such as a sponge-bath, mental worry or excitement, etc. The patient was a broker, and at night, when the cares of the day were all over, he was always free from albuminuria. Cases were sufficiently common in which, while there was albumen in the urine, there was no demonstrable kidney-trouble, so that the finding of a moderate amount of albumen had come to be regarded as no proof in itself; but in this instance the urine was actually loaded with albumen. There was a marked transudation of serum, and it was apparently due, in great part at least, to nervous influence. The case referred to by Dr. Griswold in his paper, in which albuminuria was found after boxing, was still more remarkable. In this, mucous casts were found occasionally at other times, but after the boxing lesson there were always hyaline, and sometimes, granular casts also. In the morning and at night again, however, there were neither albumen nor casts. This case would seem to show, therefore, that it did not take so long for hyaline casts to form as had generally been supposed. After his boxing lesson, this gentleman always took a sponge-bath with alcohol and water, and the sudden check of perspiration would seem, he thought, to have some effect in producing the albuminuria and casts. The case was certainly one of special interest, and it was impossible to say at present what the results would finally be. It seemed also to enforce the lesson that a single examination was not sufficient to exclude the existence of albuminuria. Medical men could not be too particular in this respect. It was well to remember, however, that two or three specimens of urine might be free from all albumen and casts when the patient was in reality suffering from distinct disease of the kidneys. This was apt to be particularly the case with the granular contracted kidney.

DR. FLINT said that he should like to add a word in regard to one practical point. The impression was somewhat prevalent, he thought, that because there was albumen in the urine there was danger of uræmic poisoning; but uræmia might be developed without any albuminuria whatever, and the practical point to which he wished to call attention was that the probability of the occurrence of uræmia depended solely on the quantity of urea eliminated (which could be determined sufficiently accurately for all practical purposes by noting the amount of urine passed), and on the specific gravity of the urine.

DR. GRISWOLD, in closing the discussion, referred first to the matter of albuminuria being caused by partaking of albuminous food in excess. All the works spoke of its production by eating largely of eggs, but he had never once met with any statements of actual experiments or facts to prove this. He thought, therefore, that the point was not well established; his own experiments, so far as they proved anything, distinctly militating against its correctness. He then went on to say that it seemed to him that the evidence went to show that we did have mild affections of the kidneys, as well as of other organs. These cases of transient albuminuria, however, ought to be watched and carefully followed up, so that the condition of affairs might be reported ten, fifteen, or twenty years hence.

DR. DANIEL BROWN then presented

A SPECIMEN OF ACEPHALOUS MONSTER.

He said that he had been called to attend a woman who was taken suddenly in labor at the end of seven and a half months of pregnancy. When he arrived, a well-formed male child had just been born, but was still attached by a remarkably short and thick cord to the placenta, which was adherent to the uterine wall. The situation of the placenta was just above the pubes (low down on the left side), and on making an examination, he found that there was a second fœtus in the uterus. This was delivered in four hours, and proved to be the

acephalous monster exhibited. It was entirely enveloped in a very thick and strong membrane of its own, which gave it the appearance of an enormous kidney, and which was firmly attached to its body by sebaceous matter. There was no amniotic fluid. The cord in this instance was at least three times the length of the other, and there was an entirely distinct placenta, which was attached at the fundus. The monster was sent to Prof. W. T. Lusk, who exhibited it before the class at Bellevue, and made a partial dissection of it. This was afterwards completed by Prof. Wm. H. Welch. There was a small amount of brain tissue, and the development of the heart seemed to have been arrested at the second month; though the rest of the circulatory system was comparatively complete. One of the kidneys was merely rudimentary, but the other was well developed. The intestinal tract ended about one inch above the anus, which was imperforate.

Dr. Brown then entered into a discussion of the theory of the development and nutrition of this class of monsters, as set forth by Lusk, Turner, Flint, Jr., Dalton, Cazeau, Braxton Hicks, Playfair and other authors, and stated his conviction that there was a direct continuity of circulation in the mother and fœtus, in opposition to those who believed that the true acephalous fœtus was always dependent for its nutrition upon the presence of a normal fœtus, from which its blood-supply was derived, there being no direct communication between the fœtal and maternal vessels.

DR. WM. H. WELCH remarked that if Dr. Brown was not mistaken in his assertion that there were two entirely distinct placentæ, the specimen was of exceptionally great value. Those who regarded such monsters as dependent upon another fœtus, based the opinion mainly upon the following premises:

1. The rudimentary character of the heart.

2. The fact that it was always associated with another well-developed fœtus.

3. The continuity of the placentæ and the anastomosis of the umbilical vessels of both children.

So far as he was aware, no case had as yet been reported in which the existence of two absolutely separate placentæ was so well established as in this, although it was certainly to be regretted that the placentæ had not been preserved by Dr. Brown. He could not but think, however, that there must have been some sort of connection between the two, as no instance of an acardiac monster developing alone in the uterus had ever been reported, so far as he knew. The existence of two distinct placentæ in this case, if established, would strike a blow against the generally accepted view that there was no direct communication between the fœtal and maternal vessels, and that the change in the fœtal blood was effected by endosmosis.

DR. J. LEWIS SMITH stated that he had seen several acephalous monsters, some of which were not of a twin character, and some of which lived for three or four days. Only the upper portion of the cranium, however, was wanting in the instances which he had seen, and one of them occurred in the practice of Dr. S. S. Purple.

DR. PURPLE then gave an account of the case to which Dr. Smith had alluded, but said that he thought it was, perhaps, hardly admissible to quote it in this connection.

DR. WELCH replied that incomplete development of the cranium was not analogous to the class of cases in question, which are absolutely non-viable. Although they were generally called acephala, *acardia* was the correct designation for them, and, having in reality no heart, it was, of course, impossible that they should live for a moment after birth.

DR. BROWN, in closing the discussion, repeated the statement that the placentæ were perfectly distinct, and attached at different parts of the uterine cavity. He thought there could be no possible doubt of these facts.

THE NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, June 5, 1884.

THE PRESIDENT, FORDYCE BARKER, M.D., LL.D., IN THE CHAIR.

THE STATISTICAL SECRETARY, DR. F. V. WHITE, announced the

DEATH OF THOMAS C. CHALMERS, M.D.,

one of the founders of the Academy, who was born at West Galway, Saratoga County, New York, on the 18th of June, 1810. He was graduated from Union College in 1831, and from the College of Physicians and Surgeons, New York, in 1835. He died June 4th, of uræmia, resulting from cystitis and pyelitis. Dr. White also announced the death of another Fellow, Dr. G. Le Roy Newcomb.

THE PRESIDENT then announced

THE DEATH OF THE SENIOR EX-PRESIDENT OF THE ACADEMY, DR. WILLARD PARKER, AND OF HONORARY FELLOW, DR. S. D. GROSS.

In connection with their deaths, he said that it had occurred to him that it would be of interest to refer to one or two facts regarding the first members of the Academy. It was founded in 1847, over 37 years ago, and of the 118 original Fellows, 100 were now dead. 7 had died between the ages of 80 and 90 (the average age at the time of death being 83), 18 between 70 and 80, and 47 between 55 and 70. Among the eight ex-Presidents who had died, the average age attained was 78.5, and only two of them, Drs. Watson and Bulkley, had died under the age of 70. The present Senior ex-President, Dr. James Anderson, had passed his 86th birthday, in the full possession of all his faculties, and all the other ex-Presidents, so far as he knew, were still actively engaged in the practice of their profession. This length of life seemed to him very remarkable, and he thought that no parallel could be found in any other body of 118 men brought together, without selection as to probabilities of longevity. The longevity of medical men as a class, had been acknowledged to compare favorably with that of any other profession, notwithstanding the anxieties, the mental strain, and the irregular sleeping and eating to which they were, as a rule, subjected; but he thought it a reasonable matter to inquire whether the Academy of Medicine had not had a special influence on the longevity of these 118 men, by stimulating them to lives of activity, usefulness, purity, and temperance, while it fostered those social qualities, the exercise of which was conducive to good health, and repressed emotions and passions that were unfavorable to length of days.

Having referred in feeling terms to the recent affliction of Dr. Samuel T. Hubbard in the death of his son, who had just entered the profession, and who lost his life from disease contracted in the discharge of his duties as one of the house staff of Bellevue Hospital, he went on to pay a tribute to the memory of the late Dr. Willard Parker, who had been elected President of the Academy in the year 1856, and who was at the time of his death its senior Ex-President. For many years, he said, he was the most prominent and conspicuous man in the profession in New York, both as a surgeon and as a general practitioner, and with the exception of Dr. Benjamin Rush, who lived a hundred years ago, no one ever wielded so commanding an influence over the community in which he lived, both medical and outside of the profession. His most distinguishing characteristic was quick perception, an insight which gave him an intuitive power of at once grasping the essential features of the cases which were presented to him, and discarding those which were unimportant and merely incidental. As a practitioner he was exceptionally successful, and this he attributed in no small degree to the stimulating and tonic effect of the cheerfulness, confidence, and hope with which he inspired his patients. It was also due in part, no doubt, to the practical value of hygienic and general directions which he was careful never to neglect to give. Dr. Barker said that he would not pretend to make any estimate of his rank as a great surgeon, but what contributions he had made to surgical literature had always been of an useful and admirable character. He had no doubt that his paper advocating operative interference in abscess of the appendix vermiformis had been the means of saving a very large number of lives, and he himself felt personally grateful for it, since, in consequence of it, two patients of his own had been successfully operated upon.

Passing on to speak of the late Prof. Gross, he mentioned that he had been elected a Corresponding Fellow of the Academy in 1851, and an Honorary Fellow in 1876. No man of the present age, he said had made such a reputation as a great surgical writer and teacher, and none had received so many honors from learned societies and institutions all over the world. His work had been simply monumental, and it had been continued up to the very last. He did not believe that there was any instance of a medical man at seventy-eight years of age writing such a remarkable paper as that on "Lacerations of the Female Sexual Organs Consequent upon Parturition," which he had prepared for the last meeting of the American Medical Association. While there might be some diversity of opinion in regard to a few minor points touched upon in it, the most distinguished gynecologist living might have been proud to have written it. It was not perhaps generally known that Prof. Gross had many years ago translated a manual of obstetrics, and a copy of this now rare work, which had been given to him by his classmate at college, the late Governor Andrews, of Massachusetts, he begged leave to present to the Academy.

The last occasion on which Dr. Gross had been present at the Academy was on the evening when the present hall was first opened. Dr. Acland, Regius Professor of Medicine at Oxford, in his speech alluded in the warmest terms to Dr. Gross, speaking of him as the senior graduate of Oxford. No one then present can forget his appearance when called upon by the Chair. It was evident that he had not anticipated such a call, but his speech was the most touching, from its effective simplicity, of any made that evening. It came straight from the heart, dropping with it, as his speeches always did, some suggestive thoughts. Dr. Barker closed with an eloquent tribute to the memories of both the illustrious surgeons.

THE DEATH OF DR. WM. H. HUBBARD.

DR. F. A. BURRALL then introduced, with a few appropriate remarks, the following resolutions, which were unanimously adopted:

Resolved, That the sympathy of the Fellows of the Academy be expressed to our esteemed and well-tried fellow-associate, Dr. Samuel T. Hubbard, in view of the great sorrow which he has experienced in the loss of his son, Dr. William Hustace Hubbard, who has been taken away at the very threshold of a promising career.

Resolved, That in this loss we recognize the fact that another name has been added to the list of those who have met an honorable death while in the discharge of professional duty.

Resolved, That a copy of these resolutions be sent to the family of the deceased.

The scientific work of the evening being now in order, DR. R. W. AMIDON read a paper entitled

A PLEA FOR MORE HEROIC SURGICAL INTERFERENCE IN AFFECTIONS OF THE BRAIN,

which will appear in full in our next issue.

DR. JOHN P. GARRISH said that he believed that the surgeons of the present day, as well as those of the past, had omitted the use of the trephine to too great an extent. He then related the case of a tailor who suffered from epilepsy in consequence of a blow upon the head. When he consulted Dr. Garrish he had already been subject to the epileptic seizures (which often occurred two or three times a day) for five years, and had consulted a number of physicians and taken a great variety of remedies without obtaining any permanent relief. On making an examination of his head, Dr. Garrish found a slight depression near the centre of the cranium, and, in consequence, decided to trephine him. A large portion of bone, which was found to be depressed one-sixteenth of an inch, was removed, and from that time the epilepsy entirely disappeared. The result obtained in this case induced him always to make very careful inquiries in every case of epilepsy that he met with as to whether it was of traumatic origin or not, and if on examination he found any depression of the skull, he did not hesitate to operate. In this manner he had completely cured five cases of epilepsy. Whenever there was any necessity for it, he cut through the dura mater without fear of any evil consequences, and if there was any extravasation of blood beneath it, this procedure was unquestionably called for. In this connection he related a case which he had met with after the battle of Antietam, while serving as an army surgeon during the late war. He accidentally discovered a soldier who had been lying in a barn in a state of unconsciousness, without food or drink, for three days. Finding that life was not extinct, he made an examination and discovered a depressed fracture of the skull. He at once trephined

the man, and finding that there was a considerable accumulation of blood under the dura mater, he cut through it and liberated the blood, with the effect of at once causing the patient to regain consciousness and open his eyes. He afterwards made a complete recovery. In certain conditions he considered trephining not only a justifiable but a necessary operation, and he believed it to be accompanied by very little danger. There were some cases of apoplexy, which were ordinarily left to die, which he thought might come to a favorable issue if trephining were promptly resorted to, and the lancet also used in connection with it. The brain was literally swimming in its own blood, and if a portion of this blood at least were removed in time, the patient would recover.

DR. M. JOSIAH ROBERTS remarked that as the paper suggested a more frequent resort to opening the skull, it was advisable that the *technique* of the operation should be improved in every possible way. With this end in view, therefore, he had devised an electrical apparatus which he thought would both facilitate its performance and diminish its dangers. It was somewhat analogous to the dental engine, but with it a considerably larger drill could be employed than with the latter. By means of this instrument, a section of a circle three-quarters of an inch could be removed, while the section could be made of any smaller size that was required. The division of the bone occupied but five seconds, and the instrument possessed the great advantage that it could be manipulated with the same delicacy of touch that a probe could.

DR. H. D. NOYES said that it had twice been his lot to deal with cases such as had been described in the paper. One had been alluded to in the latter, and the other had occurred many years ago, when antiseptic surgery was still unknown. It was that of a young man, who met with a fracture of the skull, from which resulted a fissure in the frontal bone situated in the orbit of the right eye. There was a purulent discharge, and the patient suffered from convulsions. At times he also had paralysis. The frontal bone was trephined just above the eyebrow, and three drachms of pus were evacuated. Increased frequency of the pulse and a rise of temperature followed the operation, but he ultimately recovered. Dr. Noyes said that he had been induced to operate by the fact that Dr. Detmold had before that boldly plunged a bistoury into the brain-tissue. His own operation was in 1867, and he thought, therefore, that it had been in the minds of surgeons to resort to operative procedure whenever the diagnosis and knowledge of the condition warranted it and the indications were sufficiently clear. In the second case, which had been referred to in the paper, there was no suspicion that a piece of iron five inches long was buried in the brain. It was probable, however, that if it had been allowed to remain, the patient's life would have been spared for a considerable time. In regard to the use of quinine and alcohol in such cases, he said he should like to inquire whether or not there was a general concurrence of sentiment as to their inadmissibility. It was probable that he would never again have to treat another of these cases, but he desired to know, if this should occur, whether he would be obliged to withhold these remedies if rise of temperature or other symptoms in which they were, under ordinary circumstances, indicated, should make their appearance.

DR. PUTZEL said that when he was still a student, his attention had been directed to this subject by some of the autopsies which he was accustomed to see at Bellevue Hospital. When he had seen blood accumulated under the dura mater as the result of concussion, etc., it had occurred to him sometimes, that if the skull had been trephined, it would, perhaps, have given the patient an additional chance of life. But this, he thought, was not the class of cases referred to in the paper. The statistics which the writer had given were open to the objection (which could be urged against all recent statistics), that only the favorable cases, as a rule, had been published. A considerable number had undoubtedly been left unreported, and this vitiated their accuracy. It was very natural that surgeons should hesitate to publish cases in which not only had there been an unfavorable result, but the autopsy showed that a grave mistake had been made in diagnosis; as was probably the case in a considerable number of other instances. He thought that Dr. Noyes had struck the keynote of the whole matter, when he said that the propriety of operating in any case depended to a great extent on the diagnosis and the knowledge of cerebral localization. In cases in which there was supposed to be a surface lesion, there might be an abscess several inches distant from the surface, and the cortex be found healthy. It was only in regard to the motor centres that we had at present any positive knowledge, and he thought that our means of diagnosis would have to be further advanced before we could be prepared, as a rule, to operate on the brain. With regard to the use of quinine and alcohol, he did not think that the question was at present definitely determined. In these cases it was necessary to take into consideration the condition of the heart, as well as the brain, and if there was any danger of the failure of this organ, he believed that we were called upon to give the patient alcohol. He thought the author of the paper was hardly justified in recommending chloral as freely as he had done. It might take an hour or two to secure any appreciable effect from the remedy; and if ten or fifteen grains were given every fifteen minutes, unpleasant results might ensue from the accumulation of the chloral in the system.

DR. AMIDON remarked that the contra-indication of quinine and alcohol was not definitely established, but in the case of phthisis, to which he had referred in the paper, in which he gave two and a half grammes (40 or 50 grains) of quinine a day, an attack of well-marked acute basilar meningitis seemed to be set up by it. The symptoms yielded to large doses of iodide of potassium, and when, some time afterward, the patient died of the phthisis, no trace of it, except a slight opacity, was left. There was no evidence whatever of tubercular meningitis in this case. He did not differ from Dr. Noyes in the opinion that if the foreign body had been allowed to remain, it would eventually have produced a fatal result. He thought Dr. Putzel had somewhat misunderstood him in what he said in regard to cerebral localization, which was, that neurologists were perfectly sure that there were certain definite regions of the brain, the irritation or destruction of which gave rise to unmistak-

able symptoms, such as localized paralysis and localized epilepsy.

PUBLIC PARKS.

DR. F. A. CASTLE then introduced a resolution, which was unanimously adopted, urging upon the Governor of the State, the signing of a bill recently passed by the Legislature, which provides for the purchase of several suitable tracts of land for use as parks in the upper part of the city. In pointing out the desirability of securing these lands, Dr. Castle referred to the very meagre manner in which New York was at present supplied with parks, as compared with either London or Paris.

On motion of DR. CASTLE, the By-laws were suspended and the Academy adjourned until the first Thursday in October, next.

ONTARIO MEDICAL ASSOCIATION.

Fourth Annual Meeting, held at Hamilton, June 4 and 5, 1884.

(Specially reported for THE MEDICAL NEWS.)

THE Association met at 10 A.M., in the City Council Chamber, THE PRESIDENT, DR. DANIEL CLARK, of Toronto, in the Chair.

After the registration of members and routine business, the reading of papers was proceeded with, the first paper being by DR. WORKMAN, of Toronto, on

APHASIA.

The greater portion of the paper was devoted to that form of the disease termed by Kussmaul *verbal deafness;* but motor and amnesic aphasia were also referred to. He traced in a few words the little that was known of this affection from the earliest records of Hippocrates down to the fuller and more scientific disquisitions of the present on the subject. He thought that it had almost undoubtedly been shown that Broca's, or the third frontal, convolution was closely and intimately concerned in the faculty of articulate speech, and hence was evidence in favor of the theory of cerebral localization.

DR. J. D. MACDONALD, of Hamilton, said that, as a general practitioner, he felt diffident in undertaking to discuss this paper, which required a specialist for its proper elucidation. Nevertheless, as a general practitioner, he occasionally met with cases of aphasia associated with paralysis of the right side to a greater or less degree of severity. He then detailed the case of a clergyman, an energetic, intellectual man, with an abundant flow of words. He became suddenly aphasic, and paralyzed on the right side. His vocabulary was limited to the words yes and no; in other respects he was quite well. In time he recovered sufficiently to resume his occupation, but slight defect in certain words always remained.

DR. MULLIN, of Hamilton, related the case of a business man, in good health, who had been detected making a very curious series of entries in his books. Some words were wrong and others partly finished. He slowly improved, and in time the deficiency passed completely away.

THE PRESIDENT dissented from the doctrine of cerebral localization. He regarded the cerebrum as a whole, as the receptacle of psychic impressions. He thought the localization theory as yet unproved.

DR. GEIKIE, of Toronto, related a case of amnesic aphasia. He heartily agreed with Dr. Workman in his remark that the writings of past generations were not sufficiently read and appreciated by the present generation of medical men.

DR. BRAY, of Chatham, related a case of aphasia in a puerperal woman, who had had an abundance of albumen in her urine. There was paralysis of the right side. Complete recovery followed.

AFTERNOON SESSION.

THE PRESIDENT, DR. DANIEL CLARKE, of Toronto, delivered the

ANNUAL ADDRESS.

After expressing his thanks to the Association for the honor conferred upon him, and his hope that he might be able to discharge the duties of the office in the same admirable manner as the Nestors of the profession who had preceded him in the presidential chair, he proceeded to a mild criticism of matters appertaining to the profession. The first matter referred to was the increase in educational facilities during the last few years, which he considered a matter of congratulation, and that there was no excuse to be offered for students with their present facilities and privileges, the results of which are to be seen in the improved culture of the younger members of the profession. In connection with this improved culture, he thought that great credit was due to the colleges and central licensing body for the institution of a higher curriculum. The President then referred to various advertisements in the different papers, both religious and secular, many of which advertisements, by their covert allusions, did great mischief to the morals of the community, especially to those of weak mind; allusion was also made at some lengh to many of the advertisers who were really worse than criminals. In conclusion, reference was made to the attitude which should be adopted by the profession in regard to prognosis especially, but also to the public generally, always maintaining a cheerful countenance, as so much attention was paid by the public to the countenance of physicians.

DR. POWELL, of Edgar, then read a paper on the

LATER ANTISEPTICS IN PRIVATE PRACTICE,

illustrated by specimens of various dressings, as wood wool, peat, iodoform gauze, corrosive sublimate gauze, decalcified bone tubes, etc., now used in the New York hospitals. He said that the security and success attending the use of these measures more than compensated for the additional trouble, while the expense was not now so great as to make it a drawback. He related a series of five cases of incised wounds of the knee-joint occurring in his practice which had been successfully treated under antiseptic dressings. He advocated cleanliness, elastic pressure, rest, and antiseptics.

DR. TYE, of Chatham, followed with a paper on

THE MANAGEMENT OF THE THIRD STAGE OF LABOR.

He discredited the Credé method of expelling the placenta, and advocated gentle pressure and manipulation over the fundus of the uterus.

DR. MACDONALD, of Hamilton, left the placenta

alone for some time, even for an hour, till it was completely detached.

DR. BRAY, of Chatham, gave an instance of his first and only trial of the Credé method. The result was unfortunate and troublesome, there being relaxation and profuse hemorrhage afterwards.

DR. BRYCE, of Toronto, wished to know the rationale of the brandy and ergot mixture given in cases of flooding in the third stage. He thought their physiological actions were antagonistic.

DR. RICHARDSON, of Toronto, said that he had been brought up in that school which deprecated meddlesome midwifery. He never worried and irritated the uterus by premature attempts to extract the placenta. He waited, and when it was lying in the vagina or partly in the vagina and partly in the os, by slight traction on the cord or by inserting one finger over the edge of the placenta, the air rushed in and the placenta was expelled without trouble. In a long course of practice he had never had those troublesome cases of irregular uterine contractions called hour-glass contractions. He did not consider brandy and ergot antagonistic; the ergot was given for its specific action on uterine fibre, and the brandy was always indicated in collapse and syncope from excessive loss of blood, and in these cases he gave it with unstinted hand.

DR. MULLIN, of Hamilton, said that when the placenta was lying in or near the os it was safe to leave it to the natural action of the uterus for expulsion; but when it was situated at a higher plane there was danger of hemorrhage, and physical interference perhaps was demanded. In any case the woman was not to be left till firm and continued contraction was induced. He always remained with his cases till he secured this, and then left with a light heart in the full assurance that they were safe.

DR. GUNN, of Brucefield, thought it best to wait about fifteen minutes before endeavoring to expel the placenta. The cord was frequently cut too soon, the child losing an appreciable quantity of blood by having the supply cut off too hurriedly. To prevent entanglement and breaking of the membranes, the placenta should be extracted just at the conclusion of a pain, as slight relaxation is setting in.

DR. HARRISON, of Selkirk, wished to know how one was to tell if all the membranes were away. His plan was to give a large dose of opium, or morphia, and thus place the patient in the constant security of rest and ease.

DR. WORKMAN found that the men of this generation were gradually returning to the principles of treatment advocated by him more than forty years ago.

DR. GRIFFIN, of Brantford, presented a specimen of

CANCER OF THE CÆCUM,

with the history of the case. T. W., æt. 66, female, of excellent health up to six years ago, when occasional attacks of diarrhœa occurred, followed by constipation and obstructive symptoms. Large quantities of gelatinous mucus, at times of great length, were frequently seen in the dejections. In 1882 a tumor the size of a walnut was discovered in the left mamma. The family history pointed to malignancy. A slight hemorrhage led to a rectal examination, when a small tumor was discovered in the upper part of the rectum. The distress gradually increased. Nodular growths appeared around the cervical, subclavian, and axillary glands, and two months before death complete obstruction ensued, no fecal matter whatever passing or coming away with enemata. The superficial tumors in the last few weeks of life diminished greatly in size. One week before death a liquid fecal discharge passed from the rectum. At the autopsy the abdominal organs alone could be examined. At the cæcum a hard tumor was found obstructing the lumen of the gut, so that a No. 4 catheter barely passed. There was no other sign of disease present in the abdominal cavity.

DR. A. H. WRIGHT, of Toronto, read a paper on the

PREVENTION OF PUERPERAL FEVER.

He took as his text that portion of the recent discussion in the New York Academy which referred to prevention. He objected to two principles in Prof. Thomas's rules: 1. The view that labor should be considered in the light of a capital operation. He thought preparations made with such a view had a very depressing effect. He gave instances in his own practice, showing serious results of emotional influences, and believed that such results were not always temporary, but sometimes led to serious lesions. 2. The advisability of prophylactic vaginal injections and the introduction of suppositories. He considered them both distasteful to the patients, and unscientific on surgical grounds.

In giving his own views he referred to the importance of surgical cleanliness, the dangers of stretching a slowly dilating cervix with the fingers, the necessity for depending upon expulsion for complete delivery of child, the desirability of keeping up constant but remittent pressure and kneading of the uterus, not so severe, however, as practised in Credè's method, and, generally speaking, defended the teaching of conservative obstetricians.

DR. POWELL, of Edgar, thought that the paper showed that the author had put his heart into the work. In tedious labors with rigid os, the temptation was strong to undertake digital dilatation. He had practised dilatation on various occasions, but in two or three cases developing cellulitis after such proceedings, he had discontinued the practice.

DR. BRAY, of Chatham, thought that the dangers of puerperal infection were reduced to a minimum by efficient contraction of the uterus. When he had secured that, he left the case satisfied.

DR. BURNHAM, of Toronto, read a paper on

CARBOLIC ACID IN PURULENT AFFECTIONS OF THE EYES,

in which he advocated the use of a solution of one in forty at first, to be increased to one in twenty. The eye was to be irrigated with this solution hourly, day and night. At the same time, cloths wet with ice-water were to be kept constantly applied, being changed frequently. With this mode of treatment he did not find it necessary to shield the bandage more than by keeping the patient lying with the diseased eye downwards. It was necessary to make use of the purest acids, as others were irritating. This method of treatment was drawn from his experience with a very large number of cases. Other antiseptic and astringent applications had failed to give equal results.

DR. HOWE, of New York, said that he saw no special advantage in the carbolic acid treatment over that with

nitrate of silver and other astringents with ice-water. We had other antiseptics equally effective. He gave statistics of purulent ophthalmia in children in a large hospital, where, of 3000 children, the percentage of conjunctivitis was from nine to fourteen per cent. This meant a large proportion of blind children. After the introduction of perfect cleanliness and antiseptics, this percentage fell to nothing.

DR. THORBURN, of Toronto, reported a case of

DISLOCATION OF THE FOURTH AND FIFTH CERVICAL VERTEBRÆ.

Death occurred in twenty-four days. He gave a *resumé* of all such cases that had been reported.

DR. BROUSE, of Brockville, read a paper describing

A CASE OF OVARIOTOMY.

On opening the peritoneal cavity, six quarts of pale, straw-colored, syrupy liquid were discharged. There were no adhesions. The case did well.

He also read a paper describing two cases of

STRANGULATED HERNIA.

They were both operated on, the sac being opened in each case, and the bowel found dark and gangrenous. One case recovered; the other, an old, feeble patient in whom obstruction had existed seven days, died.

Drs. Groves, Campbell, and others, took part in the discussion of these cases.

JUNE 5TH—SECOND DAY.

MORNING SESSION.

DR. GRAHAM, of Toronto, read a paper on

IDIOPATHIC ANÆMIA.

He had met with seven cases in all of this obscure disease. The cases were carefully and minutely detailed. Most of them were males, chiefly farmers, well on in years. Recovery was undoubted in one case, and in another there was considerable improvement. In the treatment, arsenic was mainly relied on; it appeared to benefit mostly in the latter stages.

The etiology of the disease appeared most obscure. He mentioned as a possible hypothesis that it might be a central nervous lesion, causing a change in the corpuscular element of the blood in a manner somewhat analogous to that in progressive muscular atrophy.

DR. ARNOTT, of London, said that he had had many cases of profound anæmia under his charge. He had been moderately successful in the treatment of these by iron, arsenic, phosphorus, etc. One case resisted all means; he was in despair, when his attention was attracted by a notice of the peculiar tonic effects of eucalyptus. He tried the fluid extract, and, to his surprise, improvement began and progressed rapidly. Since then he has used it with constant benefit in nearly all cases of anæmia.

DR. SHEARD, of Toronto, thought that an error was made in referring all obscure diseases to the nervous system. He had made the post-mortem examination of one of the cases with Dr. Graham, and failed to discover any sufficient cause for such an hypothesis. In this case he had made a most careful autopsy, and found no lesion of the nervous system. He thought the fluids of the blood might possibly be in such an abnormal state as to produce the changes found in the blood corpuscles.

DR. CAMERON suggested that, like scorbutus, this disease might be due to an insufficient supply of vegetable food.

DR. TURVER, of Parkdale, read a paper on

STUDIES IN UTERINE DISPLACEMENTS,

and showed a soft rubber anteversion pessary modelled after Gehrung's, which he had made of soft rubber, adding a diaphragm over the upper arms for the purpose of supporting the arms.

DR. GROVES, of Fergus, read a paper on

SURGICAL OPERATIONS IN CHEST EFFUSIONS,

in which he advocated a double opening and free drainage when pus was present. He detailed a number of cases which had done well under this treatment.

DR. POWELL, of Edgar, had operated in many cases, and showed a plan adopted by him for retaining the drainage-tube, which he made of a Jacques's soft-rubber catheter. This he strengthened with some firm material to prevent compression, and passed it through a hole in a Martin rubber bandage, worn around the chest.

DR. RICHARDSON, of Toronto, had adopted the siphon method of draining the pleural cavity many years ago, with results eminently satisfactory.

DR. TEMPLE, of Toronto, had given up making the second opening. He thought that after the formation of pus it was a matter of indifference if air entered the pleural cavity.

DR. HUTCHINSON, of Brussels, exhibited a case which he supposed to be one of *Hodgkin's Disease*.

CEREBRO-SPINAL FEVER.

DR. WORTHINGTON, of Clinton, read a paper detailing the history of cerebro-spinal meningitis as it had appeared in an epidemic in his section of the country several years ago.

DR. HARRISON, of Selkirk, adverted to a form of disease which he had described a year ago—beginning suddenly, and bearing a close resemblance to typhoid, but puzzling all who came in contact with it by its recrudescences and lengthened course. He had recently met with another case, which began suddenly and closely resembled hemorrhagic variola. It proved to be a case of cerebro-spinal meningitis. It also took on the protracted and curious form. He was inclined to believe that these anomalous fevers were all cerebro-spinal.

DR. WHITE, of Toronto, said that in an epidemic of cerebro-spinal fever he had met with some years ago, the cases all followed the course of the river, avoiding the high grounds on either side.

DR. OSBORNE exhibited a case of *Epithelioma of the Face*.

DR. REID exhibited a case of *Knee-joint Disease* which began two years ago after an injury.

AFTERNOON SESSION.

DR. RIORDAN, of Toronto, described a unique case of *Double Uterus and Vagina*. He purposed removing the vaginal septum.

DR. BROWN, of Galt, presented some

GLIMPSES OF TRANSATLANTIC SURGERY,

in which he detailed his impressions of many of the eminent surgeons of Edinburgh and London. He

strongly advocated frequent stated visits to these and similar centres of medical thought.

DR. A. M. ROSEBRUGH of Toronto, read a paper on

BOROGLYCERIDE IN THE TREATMENT OF SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR,

in which the point was emphasized that suppurative inflammation of the drum-cavity is a disease that preëminently calls for antiseptic treatment. The indication is to keep the tympanic mucous membrane constantly bathed in a solution which, while it is antiseptic, is not irritating, and while it is gently astringent it does not form coagulations with the secretions. Solutions of boroglyceride in glycerine seem to meet these indications better than any known antiseptic. Finely pulverized boracic acid has been used with much success by Bezold and others, but, other things being equal, a fluid, at least on theoretical grounds, would seem to be better adapted to the *mucosa* than a powder, however finely it may be triturated. Boracic acid, moreover, does not supplant, but simply assists other methods of treatment, whereas the boroglyceride, at least in the hands of the author, not only destroys all fetor and quickly arrests the discharge, but it also destroys polypoid granulations without resort to caustics. Boroglyceride is prepared by heating together in an evaporating-pan, two ounces of boracic acid and three ounces of glycerine, the acid being added gradually, and the heat continued until the mass is reduced to exactly three and one-third ounces, or two-thirds the original weight. On cooling it is an amber-colored, vitreous mass, which is very friable and easily broken when sufficiently evaporated. It is readily soluble in glycerine, but much less so in water. It is used dissolved in glycerine—the treatment commenced with a fifty per cent. solution, and the strength gradually reduced as the discharge diminishes. The treatment is largely entrusted to the patients, they being seen but twice or three times a week, when the meatus and tympanic cavity are thoroughly freed from all secretions by means of syringing with a warm solution of boracic acid, and Valsalva inflations, or the use of an Eustachian catheter. The meatus is half filled with the boroglyceride (warmed), and the air forced through it by Valsalva inflation, or the catheter. The tragus is also pushed backwards and inwards, so as to force the medicament into the middle ear. The boroglyceride is kept in position by means of a plug of absorbent cotton, or borated cotton soaked in vaseline. The patient repeats the process as well as he can, night and morning, at home. By this treatment it is claimed that the patients can be discharged cured in less than half the time required by the usual methods.

DR. W. H. B. AIKINS, of Toronto, read a paper on

SPERMATORRHŒA.

The differences between pollution and spermatorrhœa were pointed out, and that patients were often thought to have seminal discharge when it was only prostatic secretion. The microscope affords the only reliable means for a diagnosis. Seminal emission may be considered physiological when the discharge is followed by a feeling of well-being; if followed by malaise, it is pathological.

In spermatorrhœa, endoscopic examination shows hyperæmia of veru montanum, a catarrhal state of the mucous membrane, the orifices of the ejaculatory ducts are more prominent, and their edges thicker than normal.

Treatment consists in removing the source of irritation, tonics, medicines to reduce reflex irritability and regulate circulation. If great hyperæsthesia exist, unmedicated gelatine bougies, or bougies of cocoa-butter containing extracts of opium and belladonna should be used. The use of metal sounds and the cooling sound, or catheter of Prof. Winternitz, is highly beneficial. When the hyperæsthesia is lessened, recourse should be had to deep injections of five per cent. solution of nitrate of silver.

DR. CAMPBELL, of Seaforth, reported a case of

EXOPHTHALMIC GOITRE

in a woman, æt. 45. The symptoms began shortly after a severe fright. When she came under observation, the symptoms were well marked—she also had hemorrhagia. Iron, quinine, digitalis, and ergot, were given for some time—the last on account chiefly of the profuse menstrual flow. In January, 1883, severe gastric disturbance set in, and nothing was retained but small quantities of milk and lime water. By March she was greatly reduced, temperature 101°, probably due to gastric catarrh, though possibly to the goitre. Murmurs over all valves of the heart, and great throbbing of large vessels. Food and medicines were given by the rectum. Galvanism along the course of the pneumogastric was resorted to twice daily for five minutes. After a few days she was able to take fluid food—solids in two weeks. In six weeks she partook of her usual diet and attended to household duties. She is now quite well; eyes normal, no murmurs or any symptoms of her illness. Ergot and digitalis seemed to be the most effective medicines in this case. The author was not prepared to say how much benefit should be attributed to the galvanism. Hammond reports cures from its use alone.

DR. HARRISON, of Selkirk, read a paper on

VACCINATION,

in which he dealt with the coincidence theory of the subsidence of smallpox after the generalization of vaccination. He said it was just as reasonable to attribute the soporific effects of morphia to coincidence.

DR. BOYCE, of Toronto, said that bovine virus was not always perfectly satisfactory; that at times the virus produced most unpleasant effects or was inert. If the virus lay in the pure lymph, it was necessary to get this pure, and not mixed with pus, blood, and epithelium. He thought the importance of this question justified him in exhorting all members of the profession to be more than particularly careful and circumspect in obtaining and using vaccine.

The Nominating Committee presented their report, which was adopted. They recommended that the *place of meeting*, next year, should be in London.

The following were elected

OFFICERS FOR THE ENSUING YEAR:

President.—Dr. Addison Worthington, of Clinton.

Vice-Presidents.—Drs. Tye, of Chatham; Thorburn, of Toronto; Brouse, of Brockville; Powell, of Edgar.

Permanent Secretary.—Dr. White, of Toronto.

Treasurer.—Dr. Graham, of Toronto.

Corresponding Secretaries.—Drs. Irwin, of Kingston; Harris, of Brantford; and Waters, of Cobourg.

A number of other papers were then read by title. The reports of the various committees were handed in and accepted as read. The meeting then adjourned after giving the usual vote of thanks.

NEW YORK SURGICAL SOCIETY.

Stated Meeting, May 27, 1884.

THE PRESIDENT, R. F. WEIR, M.D., IN THE CHAIR.

DR. A. C. POST read a paper entitled

CONGENITAL DEFORMITY OF HAND; COMBINED ECTRODACTYLISM, AND SYNDACTYLISM.

(See page 691.)

At the conclusion of the paper, Dr. Post remarked that the one most important point was, in difficult cases, to operate separately upon each individual space. If all are operated upon at once it sometimes gives rise to serious inflammation, and there is always increased difficulty in applying the dressings.

SARCOMA OF THE LOWER JAW.

DR. POST presented the specimen, which was interesting especially on account of one point connected with the operation. The tumor was removed from a girl twenty years of age. The existence of the tumor had been recognized eight months. He divided the jaw bone through the middle, and removed all the swollen part of the jaw, the outer incision extending to the angle, when he found marks of the disease extending further. He then removed a second, and finally a third, segment of bone. After removing the first segment of bone there was rather copious hemorrhage, which came from the inferior maxillary artery, which he plugged with wax. After making the second section of the bone the hemorrhage was profuse, and could not be controlled by means of wax, and he therefore drove a wooden plug into the bone. Afterwards he cut above the entrance of the inferior maxillary artery into the bone, and no hemorrhage followed. The laceration of the artery by driving the wooden plug into it had completely arrested the hemorrhage, so that afterwards, when the ramus of the bone was divided above the entrance of the artery, there was no trace of hemorrhage.

MYOFIBROMATA OF THE UTERUS; LAPAROMYOMOTOMY.

DR. L. A. STIMSON presented the uterus with myofibromata attached, which he removed, on the 24th of May, from a colored woman thirty years of age. The patient was sent to him from New Jersey, with a history of tumor, which was first noticed eighteen months ago in the lower portion of the left side of the abdomen, and which caused so much pain and distress that she was unable to earn her living. She was the mother of one child, born ten years ago. On examination he found a firm, irregular tumor extending a little from the right of the median line above the pubes upwards to the left, and occupying the left iliac fossa to the height of the umbilicus, and it could be felt through the vagina in front of the uterus. The patient was kept under observation for a few days, when it was found that the tumor had changed its position somewhat, and by exploration of the uterus it was found to be independent of it, or at least movable upon it. A second tumor, thought to be the uterus, was felt behind and to the right of the main tumor. The diagnosis was that of a pedunculated fibroid of the uterus with other fibroid growths within the uterus. An operation was undertaken for their removal by making an incision in the linea alba from the umbilicus downwards, under bichloride irrigation, and after the bleeding had been completely arrested the peritoneum was divided to an extent sufficient to admit four fingers, when the diagnosis was confirmed by digital examination. The tumor was brought out through the incision, consisting of a mass somewhat heart-shape in form, measuring about five inches in its greatest diameter, irregular in outline with many nodules, and connected with the anterior surface of the uterus by a narrow pedicle. On drawing out the left ovary it was found that the broad ligament was increased in width and length, and that the ovary was at some distance from the uterus. The ligament was transfixed below the pampiniform plexus with an ivory pin carrying a double silk ligature, and the ovary with the plexus was cut off with the tube. Then bringing the right ovary into sight, it was found so closely attached to the uterus that a ligature could not be safely attached without causing an unfavorable amount of bleeding, and as the cervix was long and narrow, he decided to remove the entire organ by amputation through the cervix. The uterus was drawn up, the cervix was transfixed with an ivory pin carrying a double silk ligature, by means of which a round rubber cord, about three millimetres in diameter, was carried and tied upon either side, and the organ with the remaining ovary was cut off above. The pedicle was so long that it could be easily brought into the abdominal wound, and was secured in the lower angle with two pins. There was no hemorrhage except very slight from the puncture of the cervix by the ivory pin, and when the operation had been completed, and the sponge was introduced into Douglas's cul-de-sac, it brought away only one small clot about an inch in length and about the size of a lead pencil. The peritoneum was united by a continuous catgut suture, as was also the aponeurotic layer. Six silver sutures were then passed about two inches from the edges of the abdominal wound and made fast with buttons. The stem of the pedicle was transfixed with two steel needles resting in the skin, and the cutaneous incision closed with a continuous catgut suture. A decalcified bone drainage-tube was inserted under the skin from the upper angle of the wound to the pedicle, and the whole was covered with iodoform and gauze. On the next day, as there were some abdominal tenderness and slight elevation of temperature (101°), the dressing was removed, some dry bloody serum was found and the wound was dry. He covered the wound with a little gauze, kept wet with the bichloride solution, and applied the leaden coil, and under that treatment the pain had diminished, and the temperature had sunk to 100.25°, and now, on the fourth day after the operation, the patient was apparently out of danger. She had also received a small quantity of morphine, about thirty minims of Magendie's solution in the course of twenty-four hours. May 31st, patient doing well.

COMPOUND FRACTURE OF THE SKULL.

DR. STIMSON also presented a specimen which showed much more extensive fracture of the inner than of the

outer table of the skull. The patient was walking upon the street when a brick fell from a building and struck him upon the right temporal bone about one inch to the outer side of the median line, driving in a portion of the skull to the depth of nearly one inch at the deepest point. The patient remained conscious. On the 24th of May, when he saw him, three hours after the receipt of the injury, he found a ragged wound of the soft parts, exposing a denuded area of bone, and from the broken edge of the bone there came out a small quantity of brain matter. Dr. Stimson gnawed away the adjacent portion of bone, and was able, after enlarging the opening somewhat, to withdraw the piece of skull presented, of which the outer table was somewhat irregular and perhaps three-fourths of an inch in diameter, while the inner table was one inch and a half in diameter. The patient was doing well. The escape of brain matter ceased as soon as pressure was removed.

VESICAL CALCULUS REMOVED BY LITHOLAPAXY.

DR. STIMSON also presented a specimen of hard phosphatic stone, which, on the 14th of May, he removed from the bladder of a man fifty years of age. The time consumed was about forty minutes. Before the operation the patient was passing water every fifteen minutes or half an hour, and there was considerable cystitis with ammoniacal urine. On the day following the operation he was able to hold his urine for five hours. The special point of interest in connection with the operation was that he used only small instruments, nothing larger than No. 28 French, although the urethra was roomy. The stone weighed three hundred grains.

THE KENTUCKY STATE MEDICAL SOCIETY.

Twenty-ninth Annual Meeting, held at Bowling Green, June 3, 4, and 5, 1884.

(Specially reported for THE MEDICAL NEWS.)

TUESDAY, JUNE 3D—FIRST DAY.

THE twenty-ninth annual meeting of the Kentucky State Medical Society was called to order at Bowling Green, by THE PRESIDENT, DR. J. N. MCCORMACK, at 2 o'clock P. M.

DR. S. J. TOWNSEND, of Bowling Green, Chairman of the Committee of Arrangements, made an address of welcome, which was seconded, on behalf of the residents of the city, by the Hon. C. W. McElroy, and responded to on behalf of the Society by Dr. Dudley S. Reynolds, of Louisville.

DR. J. P. PEMBROKE, to whom had been assigned the subject of

MATERIA MEDICA,

reported that he had given a fair test to the hypnotic *paraldehyde* suggested as a substitute for chloral and opium, and his investigations had led him to regard it as a very mild hypnotic, adapted only for those cases of insomnia due to excitation of the nervous system. *Kairine*, as an antiperiodic and febrifuge, unless used in dangerous doses, he found not equal to salicylic acid or quinine. He remarked that he had unexpectedly produced almost fatal paralysis of the heart by its use in one case with ten grains. *Hyoscyamine*, in one case of insanity of the form of acute mania, seemed rather to increase than allay the excitement.

DR. J. M. MATTHEWS, of Louisville, said that he had used chloral for years, and found it a very uncertain and sometimes dangerous drug.

DR. J. W. HOLLAND, of Louisville, had hoped to hear included the word opium, in connection with chloral, in reference to their mutual action upon the form of insanity known as melancholia. Sydenham, however, called attention, more than a century ago, to the cordial qualities of opium. If there be already a melancholia, it proves more profound when chloral is employed than when opium is used, and the tendency to suicide is increased. Hyoscyamine is responsible for the same effect.

DR. STONE, of the Western Lunatic Asylum, at Hopkinsville, said that hyoscyamine had been used in that institution, not only very extensively, but almost altogether, hypodermatically and in large doses; frequently attaining by this method, as high as one-twelfth or one-tenth of a grain. In smaller doses it has been kept up for ten or twelve weeks, but without any apparent advantage over other drugs used to accomplish the same purpose. It will procure sleep, and that very promptly, in acute mania, and sometimes better than chloral. He agreed with Dr. Holland as to the superiority of opium over chloral in melancholia.

DR. W. M. FUQUA, of Hopkinsville, had used chloral from its very earliest introduction. He thought there could be no question that it produces, when long continued, an anæmia of the brain; that it exercises a powerful effect on the cardiac centres, and that its action is cumulative. It is anæsthetic as well as hypnotic.

DR. R. M. FERGUSON, of Louisville, read a paper on the *Nature of Glaucoma*.

DR. A. M. VANCE, of Louisville, called attention to

A NEW METHOD FOR PRODUCING LOCAL ANÆSTHESIA

for the minor operations in surgery. It consisted in a modified application of the spray of ether. Dr. Vance stated that anæsthesia occurs long before the parts are frozen, and he begins his operations a few seconds after the spray begins to play upon the part. In this way an eye had been enucleated without general anæsthesia; a tracheotomy had likewise been successfully performed, and he had cut the whole plantar fascia in a child without a flinch, beyond what was first made when the cold ether struck the surface. He said it was his uniform custom to resort to it alone in all tenotomies.

DR. PINCKNEY THOMPSON said that he had only practised it in one instance of hemorrhoids, and in that it was certainly preferable to general anæsthesia.

DR. J. M. MATTHEWS said that he had tried this plan in several cases, but his experience had not been so favorable as Dr. Vance's. In the limited number upon whom he had tried it the pain following the operation had been excruciating.

DR. T. H. STUCKY, of Louisville, then read a paper on *Catarrhal Headache*.

WEDNESDAY, JUNE 4TH—SECOND DAY.

MORNING SESSION.

DR. L. S. MCMURTRY made the report on

THE PROGRESS OF SURGERY,

the first portion of which was devoted to a consideration of the subject of anæsthetics. Recent investigations as

to the comparative merits of sulphuric ether, chloroform, bromide of ethyl, and anæsthetic mixtures of these agents, were reviewed in detail. The experimental investigations of Dr. B. A. Watson, of Jersey City, were carefully considered. The deductions were that sulphuric ether is decidedly the safest anæsthetic which has yet been employed in surgical practice, the mortality being relatively small when compared with that of chloroform, bromide of ethyl, and the mixtures employed. These results of experimental study are confirmed by clinical experience. Dr. McMurtry doubts if any agent will ever be found which can carry patients so near the border-lines of life in safety. He doubts if anything is accomplished in avoiding danger by the indiscriminate exhibition of alcohol before giving an anæsthetic. He then discussed the method introduced by Mollière, of administering the vapor of ether per rectum. The recent publications of Dr. William T. Bull, James B. Hunter, and Robert F. Weir upon this mode of anæsthesia, and the brief experience already recorded, he claimed, demonstrate the danger of the method as exemplified by intestinal hemorrhage and diarrhœa; but the advantages of a method which suppresses the period of excitement, permits accurate regulation of dosage, avoids bronchial irritation, and aids materially in operations about the face are apparent; and the method deserves to be tested thoroughly. In concluding this portion of the report the speaker commended the ether inhaler of Dr. Allis, of Philadelphia.

The greater portion of Dr. McMurtry's paper was devoted to recent improvements in abdominal surgery. He discussed at length the treatment of wounds of the intestines, and declared the indications of treatment in contused, lacerated, punctured, and gunshot wounds of the intestines to be prevention of fecal effusion and peritonitis. To secure the first, the wound of the tube must be securely sutured, however small it be. To do this, and cleanse thoroughly the peritoneum, the abdomen should be opened by abdominal section. The speaker, in this connection, called attention to the very confident views expressed by the late Dr. Marion Sims in 1882, which he then quoted: "I have the deepest conviction that there is no more danger of a man's dying of a gunshot or other wound of the peritoneal cavity, properly treated, than there is of a woman's dying of an ovariotomy properly performed," and remarked that in the able paper of Dr. Parkes recently given to the profession on this subject, this statement of Dr. Sims was deemed prophetic. Dealing with another branch of abdominal surgery, Dr. McMurtry alluded to the difficulties and uncertainties which surround the diagnosis of abdominal tumors. These difficulties were so great that in a large number of cases the diagnosis can only be positive when the abdomen is opened. He detailed illustrative cases from his own experience. In one case, that of a young lady with a fluid accumulation in the abdomen, the patient had been in the hands of several skilful surgeons, with a different diagnosis by each. After aspiration and the removal of two gallons of fluid, complete recovery ensued, thus showing the tumor to be a cyst of the parovarium. After discussing at length the differential diagnosis of abdominal tumors, the speaker concluded with the statement that "while the results already achieved in the brilliant domain of abdominal surgery surpass the expectations of the most speculative enthusiast of half a century ago, there remains a vast and rich outlying province as yet untrod by the restless foot of genius."

DR. A. W. JOHNSTON called attention to the absence of any reference to the importance of drainage in the treatment of wounds of the abdominal cavity, which is one of the most important features of the after-treatment of these wounds. Lawson Tait speaks of drainage by the alimentary canal. He says he has made it a practice to purge these patients, and that he secures excellent results from it. We all know that when a purgative is given, and succeeds in bringing an operation, that water must come from somewhere, and this method Dr. Johnston has found to act well in two cases under his charge. One of them exhibited marked improvement from the action of the purgative. His abdomen was distended, and he vomited frequently; but after the large dejections secured by calomel and podophyllin, he recovered rapidly. After ovariotomy, he thinks the large drainage-tubes now in use very much to be preferred to the small ones selected formerly. In one case upon which he operated where the tumor was removed, the attachments were found to extend all through the abdomen, and the large bleeding surface rendered the application of the persulphate of iron in some places a necessity. The large drainage-tube afterwards used permitted the clots formed by it to pass with ease.

DR. D. W. YANDELL, of Louisville, said that he had the deepest conviction that there is no more danger of a man's dying of a gunshot or other wound of the peritoneal cavity properly treated, than there is of a woman dying of an ovariotomy properly performed. That is to say, that ninety per cent. of wounds of the abdominal cavity ought to recover. There can be nothing more certainly misleading, both to the people who are, after all, our auditors, and to the profession, than that statement. Taking the experience of the individual members of this Society, and it will result that out of six cases of gunshot wounds of the abdomen four will die —one of peritonitis, two of hemorrhage, and one of septicæmia. Two will die of hemorrhage, then, and two of something else. Now, in performing ovariotomy we know when and where hemorrhage will probably occur, and we are therefore prepared to meet it. Again, the shock is deeper from a shot wound than from that made by the surgeon's knife, and the wounded person is seen for the first time in that condition. Further than this no man has yet been so wise as to be able to say what course a ball has taken after it has once entered the body, and while he believes it is good surgery to open the cavity, as taught by the master of us all, yet there are many cases in which it is not good surgery; that is to say, here is a man who has had a ball from a Derringer pistol through him, you find him pulseless and cold; under such desperate circumstances Dr. Yandell did not believe it good practice to open the wound.

With cutting wounds it is quite otherwise, the shock is not so great, all about the wound the tissues are puffy, and it is evident hemorrhage is taking place; under those circumstances the indication to open the wound and find the bleeding vessel is plain. He wished to say that the declaration of a great man published in a moment of enthusiasm is misleading; that the state-

ment is not sustained by facts nor likely to be sustained; and that shot wounds are incalculably more dangerous than the knife of the surgeon in operations.

(*To be concluded.*)

CORRESPONDENCE.

ANÆSTHESIA BY THE MIXED METHOD.

To the Editor of THE MEDICAL NEWS.

SIR: In the number of your journal for March 22d, I observe an editorial article upon the importance of anæsthesia by the "mixed method."

During the last six months I have adopted this method with the most satisfactory results.

The following cases will illustrate the important advantages of this late improvement in producing the anæsthetic state:

Case I.—A lady, aged forty-six, with a carcinoma of the right breast, applied for extirpation. Half an hour before proceeding to operate I gave her, subcutaneously, a dose of morphine and atropine. She felt quite drowsy before commencing the administration of the ether, and in less than four minutes was profoundly anæsthetized. The operation occupied considerable time, for the gland was exceedingly large, and the hemorrhage was troublesome. She rallied well, and had comparatively little pain after the operation. No vomiting occurred.

Case II.—A man, aged fifty-two, had his leg amputated for necrosis of the femur. Forty minutes before administering the ether I gave him, subcutaneously, a dose of morphine and atropine, as in the above case. Profound anæsthesia was induced in a few minutes with the utmost facility. No vomiting, delirium, or pain immediately after the operation occurred.

Case III.—A man, aged forty, had both feet badly frozen about three weeks before I was called to see him. As they were quite gangrenous, I decided to amputate before the patient would become weaker. I gave the morphine and atropine subcutaneously, as in the above cases. In fifteen minutes he was sleeping soundly, the first time for several days. A few ounces of ether were sufficient to produce insensibility, and no opium was required after the operation to allay pain.

This meagre record is sufficient to show the great advantages of the mixed method. Some of the strongest objections to ether, which, by the way, is the safest anæsthetic, are now overcome. Administered about thirty minutes after the injection of morphine and atropine, it is rapid in its action and not irritating to the air-passages. A smaller quantity is required, and its effects are less unpleasant.

Yours respectfully,

P. A. MACDONALD, M.D.,
Medical Superintendent of the Marine Hospital,
Port Hawkesbury, N. S.

NEWS ITEMS.

DINNER TO DR. ALFRED STILLÉ.—On Thursday evening, June 5th, Dr. Alfred Stillé was tendered, on behalf of the medical profession of Philadelphia, a complimentary dinner at the Hotel Bellevue. The President of the College of Physicians, Dr. Da Costa, presided, and covers were laid for seventy-seven. Among the invited guests present were Drs. Austin Flint, of New York, George C. Shattuck, of Boston, J. S. Billings, of Washington, Charles J. Stillé, of Philadelphia, R. S. Ives, of New Haven, and Traill Green, of Easton. The profession of Philadelphia was represented by its most prominent members.

Upon the completion of the *menu* Dr. Da Costa called the company to order and spoke as follows:

In rising to propose the health of the guest of the evening, I do so with mingled feelings. Joined to the pleasure of the duty, is the sad reflection that the master to whom common consent had assigned the agreeable task, has gone from among us, and that on another has devolved the expression of the kindly sentiments which have brought us here. Most fitting, too, would it have been that he should have presided to-night; for a great man befits a great occasion.

In truth, it is a great occasion which calls us together. When, at the end of a long and distinguished career, those who have labored with or alongside of a man; who have been his pupils, his associates, his colleagues; have striven for the same offices, have vied with him in generous rivalry, voluntarily meet to testify their friendship and to mark their approbation of his life, it is, indeed, a memorable event, not only to him, but to his calling. And we are giving all that we have to give. We cannot bestow on you an order of merit, such as a government in some countries might bestow. No ribbon of the Bath, no ensign of the Legion of Honor, no Iron Cross can be placed on your breast. Nor can we crown you with a civic crown, with its appropriate inscription *ob cives servatos*. Yet your crown of triple oak, accorded to you now by the representatives of your own profession, for a life of valuable services, will be no less a mark of preëminence because it will have to rest invisibly on your brow.

It is difficult, in your presence, to speak of the title you have to this and other distinctions without appearing to violate the canons of good taste. But you must look upon yourself as being with us on an occasion in which your claims are being summed up at the bar of American medicine—claims not alone for to-day, but for posterity; and in which the advocate may plead the more earnestly, because he feels the consciousness of an assured verdict.

Dr. Stillé has been distinguished in various capacities—as author, as professor, as worker for the common good of the profession.

Stillè, the author, has produced works, the learning and style of which are ornaments to American literature, and in whose pages discriminating judgment is as conspicuous as grace of language. The great treatise on *Therapeutics and Materia Medica*, has been described by a foreign journal as a work on medicine of a kind rarely seen, so ponderous in its dimensions, so fascinating in its contents.

Stillé, the professor, has been remarkable for the fulness and accuracy of his discourses; the eloquent denunciation of new names given to old things; the conscientious attempt to keep abreast of the times in an ever-widening subject; the admirable exposition of the matter; the clear, sonorous delivery. In the occupancy, for twenty years, by this scholarly physician, it is certain that a great chair—the chair of Rush, of Chapman, of Wood, of Pepper—has lost nothing of its fame.

As a worker for the common good of the profession, the efforts in the cause of medical education, the active interest in societies, recognized by having been chosen to the position of President of the County Medical Society, of the Pathological Society, of the American Medical Association, and, recently, of the College of Physicians, are conspicuous. It is not the least of his claims that he was very prominent, none more so, among the founders of the body which has done so much to bring the medical profession into unison—the American Medical Association. Nor must the generous giving of the bulk of his large library to the ancient University with which his name is indissolubly connected, remain unmentioned among his public-spirited acts. Many an aspiring student will become a lover of literature and of science through the thoughtful gift of this lover of books.

But, sir, it is not the author, the teacher, the worker for public objects only, whom we hold dear. If your titles were these alone, however much we might respect them, we should scarcely be here to honor you to-night. Better than Stillé the author, better than Stillé the teacher, better than all, is Stillé the man. No meretricious schemes to make gold jingle in soulless pockets attach to your name. A life of probity, a high sense of honor, uniform courtesy, have endeared you to us.

Such, then, are some of the titles to recognized distinction, in and out of American Medicine, which we gladly claim for you. That Medicine is now making for itself a more and more individual position. In every country there are those who are born old, and remain with eyes turned back to the past. Knowledge has no charms for them unless she is in wrinkles, and her joints creak, and her utterances are wheezy. There are those who stay as children, restless, full of enthusiasm, stumbling over everything, and eager for every change. Our national character furnishes but few of the former; and the traits of the latter are very greatly modified by what, besides quick perception of the useful, is a peculiarity of American Medicine, its thoroughly cosmopolitan nature. With the exception, perhaps, of one country, medicine is here more cosmopolitan than anywhere. And there is a growing love of original research, an increasing appreciation of pure literary work—as shown in the enthusiastic reception of the wonderful volumes in which brigades of folios, divisions of octavos, and army corps of pamphlets, are being placed into line under the direction of a marshal who is with us to-night—which bespeak a bright and most active future.

But it must be confessed that, as yet, some of this love of work, with the desire to instruct which comes with it, takes doubtful means of expression. For the advancement of the profession, it does not seem absolutely necessary that wherever a railroad opens a new country, and a prosperous little town attracts eight doctors, there should be at once two medical schools. Nor is it clear why the establishment of every post-office should quickly be followed by a fresh medical journal. And in these journals it is a little trying to him who endeavors to keep himself informed of the literature of the day, to find in six out of ten, articles to prove that opium will make you sleep, and is dangerous if too much be taken; that castor oil has purgative properties, and is not relished, especially by children; that it is difficult to prescribe for malarial diseases without using quinine; and that aloes is bitter and may gripe very unpleasantly. One might pardon some neglect in these lively authors to let their overflowing plethora of knowledge run off into the common stream.

Yet these are, after all, but temporary drawbacks in that great development which we all of us see so clearly, and hail with so much pleasure.

Honored guest: Be it in connection with the Medicine of our country, or, better, as a summary of your whole career, it seems not inappropriate to apply to you the words of Cicero: "*Omnia summa consecutus es, virtute duce, comite fortuna.*" If you have attained the highest rank, with virtue leading the way and fortune attending, it will so remain to the end. During the many years of vigorous life which we fervently hope are still before you; wherever you elect to pass these years, whether in the seclusion of your home and in lettered ease, or in visiting the scenes of former travel and early studies; in whatever clime; whatever skies may cover and sun shine on your path—with you will be the affectionate regards of those who surround you to-night, and of the far larger body of which we are only the temporary representatives; and you may know and feel that hundreds are joining now, and will always join us, in the wish: "Health and long life to Professor Alfred Stillé."

DR. STILLÉ, on rising, was greeted with prolonged and enthusiastic applause, and he spoke as follows:

Mr. Chairman and Gentlemen: The cordial welcome you have given me on this occasion, which I regard as one of the most important events of my life, and the terms in which you have expressed what you conceive to be the judgment of my professional brethren, would give me unalloyed pleasure were it not that I miss from this company the one to whom I am proud to acknowledge my debt for so great a distinction. He has gone to his endless rest, venerable for his years and resplendent with honors nobly won. I should be unjust to my own feelings did I fail to do that homage to his memory which is the only return it is possible for me to make for a long series of acts which were among the most grateful of all the commendations that my professional life received.

You, Mr. Chairman, have mentioned some of the posts of trust and honor confided to me at different times. All of them I owe to the unsolicited favor of my medical brethren, and I am proud to acknowledge it as the making of my history. Whatever I might have attempted, I should have achieved but little without their encouragement and approbation, and certainly never should I otherwise have reached that period of serene retrospection and repose which is the evening of a happy and not uneventful professional life.

This goodly company, these cheerful and hearty greetings, these glowing lights and festive ornaments that attend my retirement at the appointed period of three score years and ten, appear to me like the flowering of the plant that is fabled to bloom but once in a century, for all else in my professional career seems tame by comparison. The column, such as it was, that I endeavored to construct and rear in the temple of Esculapius has to-night been crowned with a capital on which is lavished all the elaborate ornamentation of the Corinthian style. I can only hope that the plainness of the structure will do no injustice to the richness of the decoration.

In looking from this eminence adown the road I have travelled since entering upon my professional studies, it is impossible for me to doubt that in men's lives apparent accidents may determine their course and issue. While still a medical student two of my fellow-townsmen returned from abroad glowing with the fire they had caught in Paris, the then acknowledged centre of medical science. Gerhard and Pennock were the apostles of the school of observation under whose preaching I became a zealous convert. As soon as it was possible I hastened to the enchanted scene of their European labors, to be stimulated still further by the recent memories of Jackson and Bowditch, and Holmes, of Boston, and to enjoy the salutary companionship of Dr. Shattuck, of Boston, who still survives, and is at my side to-night to do honor to his old friend and to your invitation. And there is still another before me, venerable in all that pertains to old age except its weaknesses—Medical Director Ruschenberger, U. S. N.—with whom I, at the end of two years, made my homeward voyage of six weeks' duration, and cemented a friendship that has survived the test of *tempus edax rerum*. It is not often given to a man to revive associations such as these, nor to feel that Time, which destroys so much, yet sometimes spares what is best in our experience of mankind.

During one of my summer holidays, while abroad, it was my lot—less vulgar then than now—to climb the Alps and observe the expedients used by the mountaineers in ascending the icy peaks. I noted the laborious industry with which they cut for themselves footholds on the slippery steep, and so mounted slowly but steadily to their destination. This method profoundly impressed me at the time, and I said to myself, "Surely in such wise must one hew his way to fame and fortune; and whether the point to be attained be the highest peak of all, or only some humbler hill-top by the way, it was clear that whatever else might win, *improbus labor omnia vincit*." What seemed revealed to me then among the sublime solitudes of nature, has been echoed by a thousand voices along the whole pathway of my life. It came to me also, like a voice from the tomb, in the words of an old family motto, *Innocenter, patienter, constanter*, and it was repeated in the history of all the men I have known who secured for themselves a steadfast place in their day and generation. I cannot doubt that in the bosom of every one who hears my voice there is felt a silent attestation of its truth. It has been the keynote of my teaching as well as the guide of my actions, and, therefore, how little soever of the good that has been attributed to me by your partial voices may in reality be mine, I owe it all to the lesson of steady industry and undaunted perseverance that I learned from the Alpine mountaineer.

And now let me simply add that "the crown of triple oak" which you crowned me withal to-night, will preserve its freshness through the remainder of my life, and will be preserved by those who succeed to my name as more precious than gold or jewels or any material badge of honor.

In response to the toast of "Our guests from abroad, who have honored us by their presence," DR. JOHN S. BILLINGS, U. S. A., said:

Permit me, in the first place, to express my high appreciation of the honor of being called on to respond for "the guests" on such an occasion as this. I do not, however, return thanks for the distinction, because there are good grounds for difference of opinion as to whether it is a matter to be thankful for, and one is apt to rise under such circumstances with something of the feelings which a very worthy man attributed to his wife who had died of consumption. Being asked by a sympathizing friend whether she had been resigned to the parting, he said, "Resigned! Why of course; certainly. She had to be."

In the second place, I wish to assure the "guests" of my sympathy in the regrets which each of them is about to feel when he hears his sentiments so poorly expressed, and when he thinks of what he would have said had he been in my place. Here, for instance, is our friend, Dr. Flint, who would have told you how all good New York physicians reverence Philadelphia for its conservative dignity in medical matters, low fees possibly excepted, and how glad they are to do honor to your general superiority by joining in this tribute to one of your most distinguished representative medical men.

I think I can even now see in our friend's face signs of regret that he did not accept the request to speak, as he thinks of how he might have impressed you with these sentiments.

However, the important uses of such dinners as these do not greatly depend upon the formal speeches. These last are, or at all events may be, very good things for those who listen to them, especially if their diaphragms are made to rustle a little, but we know pretty well what must be said in connection with the different toasts. The speaker is somewhat in the position of the rabbit which a certain western Munchausen declared was so hard pressed by his dog that he climbed a tree. "What!" said an incredulous listener, "a rabbit climb a tree." "Well," said Munchausen, "you see he was obleeged for to climb."

But the great use of such gatherings is in the civilizing and harmonizing influence which they have on those who attend them through the opportunities which they afford for making acquaintances and informal conversations.

A very large part of the unpleasantnesses of this world is due to people who are not found at social dinners. And of all gatherings of this sort it seems to me that such a one as has brought us here to night is among the pleasantest. Personal interests and ambitions are for the time being put aside and forgotten, and we join in honoring a man who has made his mark and won his place. It is a great privilege to be a guest upon such an occasion, and I am speaking for all your guests when I say that it is a privilege which in this special case we highly appreciate, and for which we return our sincere thanks.

To all physicians in this country Dr. Stillé's name is familiar, as that of a clear-headed, sensible speaker and writer who has observed and thought for himself, and at the same time has made extensive use of the resources of medical literature. He is one of the first American medical bibliographers. For these, and for other reasons which have been set forth by previous speakers, and because he has not written or spoken except when he really had something to say; because, also, we recognize his personal worth—the readiness which he has always displayed to promote the interests of Medicine

—we, your guests, hold ourselves as specially fortunate in being able to be present to indicate our appreciation of this rare combination, and to enjoy the great pleasure of meeting with our Philadelphia friends, so many of whom to most of us are almost like members of our own family.

DR. GEORGE C. SHATTUCK, of Boston, then said: I recognize, Mr. President, your kindness in inviting me to be present on this most interesting occasion, and to be an observer and a listener. Since coming into the room, I received an intimation that it had been assigned to me to say a few words as the intimate friend of Dr. Stillé. Now, we in Boston look up to Philadelphia as the medical metropolis, and then, though we are accused of thinking much of ourselves as the "Hub," yet we have lately been somewhat taken down. One of our *solid* men was missed from his place at an insurance office, and on returning after an interval of some days, was asked, "Where have you been, what are your experiences?" "Why, I have been," was the answer, "in the city of Chicago, and being introduced into a place like this, where many congregate, I was asked where I came from. On answering, Boston, one after another said they had never heard of the place, and finally one replied, 'I think I have heard of a small village somewhere on the coast of New England with that name.'" So I must thank you again for allowing one from so obscure a place to say a word in this assemblage of the medical men of Philadelphia.

Nearly fifty years have passed since Dr. Stillé and I were fellow-students and intimate friends. We were looking forward to our future life, professional and social, with anticipations of success, picturing what might be in store for us. And though the lines of our Boston professor of anatomy may be repeated by us, and we may say,

> "Where, oh! where are the joys of the morning,
> The hopes that illumined youth's prime?
> Gone, like tenants that quit without warning,
> Down the back-entry of time."

Yet how thankful should we be that our friend has been able to lead a life in accordance with many of his brightest hopes. He had a high ideal. His aspirations were for "whatsoever is true, whatsoever is honest, whatsoever is of good report," and he has led a life of devotion to duty, of successful, unremitting toil in reference to the good of all to whom he was called to minister. As a practitioner of medicine, as a teacher of medicine, as a writer on most important matters, how much good has he done; what an example has he given! In all, how mindful has he been of others, how steadily has he set aside self and selfishness, and kept before him his duties to others. A recent writer has remarked that in this country the individual is too prominent, self-exaltation and advancement are so much the motives to exertion. Our duty to work for the family, the State, the profession, is not sufficiently recognized. But we are met to-night to do honor to one who has worked for the profession, and who, in a life of many years, has striven to raise the tone of the profession, and to work and to store up knowledge for the benefit of others, that the whole medical profession may be the better for his labor and his acquisitions.

To excel in learning and in the communication of knowledge may be highly prized, for to many such talents are not given. And my friend is to be congratulated for having tried so well, and for receiving such tokens of the appreciation of his efforts from associates and friends of so many years. I am sure I join heartily in the good wishes for a prolongation of life, and of his powers of usefulness. We must all recognize that old age has its peculiar duties and responsibilities, and whilst we congratulate him at having accomplished so much, and at having so well earned a season of rest and repose, we must express a hope for continuance of life, for preservation of bounties; for we cannot spare him yet; his old friends are not yet done with him, nor can they consign him to inactivity and oblivion.

DR. AUSTIN FLINT being called upon, said:

Mr. President and Gentlemen: I am perfectly sincere in saying that I did not expect to be called upon to say anything to night. Feeling safe in this respect, I have enjoyed the dinner without any drawback. I am, moreover, glad to have the opportunity to express orally my heartfelt thanks for the invitation to be present on this occasion. I esteem it a great privilege to be permitted to join in expressing to our honored guest our appreciation of the services which he has rendered to medical literature by his valuable contributions, of his services in behalf of medical education by his teachings as a professor of medicine, and of the benefit which he has conferred on the medical profession by the purity of his professional and private life.

I congratulate him cordially on his retirement from his arduous professorial duties. Trusting that he may long have life, health, and vigor, I will express the hope that his pen will not be idle, and that we may expect from him further valuable contributions to American medical literature.

It was my good fortune to be a guest at a dinner in this place somewhat over a year ago, on an occasion of which I shall always cherish the most grateful recollection. On that occasion, the seat which I occupy to night, was occupied by one whom we all miss on the present occasion. I should not make this allusion if I supposed it would cast a gloom over this meeting. It should not. The departure to another world of one ripe in years, who has lived a useful life, and who goes laden with those riches of the mind and heart, which, as we may believe, are carried beyond the grave, is not to be regarded in the light of a calamity, except as regards the deprivation of those who remain. It is pleasant to think that, although of the body of our beloved friend only his ashes are left with us, he still lives, and that he may be in some way cognizant of the events in this world. He may be cognizant of this meeting, and, if so, I know from my intimate friendship for many years, that he yearns to make known to us how thoroughly he is in sympathy with our present enjoyment, and with the special object which has brought us together.

After a few remarks by Dr. Pepper, and the reading of a number of letters of regrets from invited guests who were unable to be present, "the loving cup" was passed, and the festivities were concluded.

BRUNSWICK, ME.

(From our Special Correspondent.)

MAINE MEDICAL SCHOOL; GRADUATING EXERCISES AT BRUNSWICK.—The close of the sixty-third course of lectures was marked by more formal exercises than customary, and by the first annual meeting of the Alumni.

The graduating exercises in Memorial Hall, at 9 o'clock A.M., consisted of an address by Prof. S. G. Brown, of Bowdoin College (late of Hamilton), a parting address by a member of the graduating class, the presentation of diplomas by the President of the College, Prof. Packard, and singing of a class ode. At noon occurred the first annual meeting of the Alumni, and notwithstanding a heavy rain-storm, members were present from all over New England.

The President, Dr. F. C. Thayer, of Waterville, congratulated the Association upon having made itself an assured success, and alluded briefly to the purpose for which it was organized—to coöperate with the Faculty and government of the School in securing its material advancement by enlarging its clinical facilities, through a change of location. An addition is needed to the chairs of instruction, and the Alumni were urged to lend their cordial aid in bringing about these desired improvements, by establishing an Alumni Fund. A committee was appointed to consider these recommendations, and subsequently reported in favor of the appointment of a committee to confer with the Faculty of the School, and report at the next annual meeting of the Association.

The President appointed Dr. O. A. Horr, of Lewiston; Dr. E. M. Fuller, of Bath; and Dr. H. H. Hunt, of Portland.

The Nominating Committee reported, recommending the reëlection of the present officers, as follows:

President.—Dr. F. C. Thayer, of Waterville.

Vice-Presidents.—Dr. S. Laughton, of Bangor, and Dr. R. D. Bibber, of Bath.

Secretary.—Dr. C. D. Smith, of Portland.

Treasurer.—Dr. F. H. Gerrish, of Portland.

Dr. A. F. Fuller, of Bath, then delivered an address, at the close of which the meeting adjourned, and, with invited guests, to the number of one hundred and eight, sat down to a banquet in the lower hall.

The afternoon was passed by the members in visiting the medical building, the Seavy Anatomical Cabinet, and the various college buildings. During the evening, the class of 1869 held a reunion at the Tontine Hotel.

The attendance upon the meeting far exceeded the most sanguine expectations, scattered as the graduates of this school are over all sections of the country. The Association is now firmly established, and all graduates to whose notice this may come are earnestly requested to join hands in promoting the prosperity of the School and the fraternity of the graduates.

Any information relative to the alumni, such as correct address, death, change of location, or applications for membership, may be forwarded to the Secretary, Dr. Charles D. Smith, 17 Brown Street, Portland, Me., and the interests of the Association will be thereby greatly promoted.

HOSPITAL COLLEGE OF MEDICINE.—The annual commencement of the Hospital College of Medicine of Louisville was held on May 29th. The degree of M.D. was conferred upon thirty-one graduates.

AMERICAN NEUROLOGICAL ASSOCIATION will hold its tenth annual meeting in the Hall of the Academy of Medicine on June 18, 19, and 20. The following papers are promised: "On Encephalic Nomenclature," by Dr. Burt G. Wilder; "A Study of the Etiology of Tabes Dorsalis with Special Reference to the Efficiency of Syphilis," by Dr. E. C. Seguin; "Basedow's Disease," by Dr. A. D. Rockwell; "Can Locomotor Ataxia be Cured?" by Dr. G. M. Hammond; "Multiple Neuritis," by Dr. S. G. Webber; "A Case of Word-deafness and Blindness, without Paralysis," by Dr. R. W. Amidon; "The Effect of Injuries of the Spinal Cord upon the Excretion of Carbonic Anhydride," by Dr. Isaac Ott; "A Contribution to the Study of Hysteria as Bearing on the Question of Oöphorectomy," by Dr. G. L. Walton; "Typical Hysterical Symptoms in Men due to Injury, and their Medico-legal Significance," by Dr. James J. Putnam.

NEW JERSEY STATE MEDICAL SOCIETY.—At the annual meeting of this Society, held at Cape May, on June 10th and 11th, the following officers were elected for the ensuing year:

President.—P. C. Baker, M.D., of Morristown.

Vice-Presidents.—Drs. Joseph Parrish, of Burlington; Charles J. Kipp, of Newark; and J. W. Ward, of Trenton.

Corresponding Secretary.—Dr. William Elmer, Jr., of Trenton.

Recording Secretary.—Dr. William Pierson, Jr., of Orange.

Treasurer.—Dr. W. W. L. Phillips, of Trenton.

PUBLIC BEQUESTS OF THE LATE PROF. S. D. GROSS.—The will of the late Dr. Gross has been admitted to probate, and contains the following public bequests:

"I give and bequeath my medical library, my museum, and diagrams, to one of the following institutions: The Jefferson Medical College, or the Philadelphia Academy of Surgery, or the College of Physicians of Philadelphia, the choice of said institution to be made by my executor, in his free and uncontrolled discretion; provided, however, that such institution so accepting shall furnish a fire-proof apartment for my medical library and shall call it the Samuel D. Gross Library. If the institution so chosen does not accept this bequest, then I leave it to one of the following: The University of Pennsylvania or the New York Academy of Medicine; also to be made at the selection of the executor, and with the same provision as above.

"I give and bequeath to one of the following institutions—The Jefferson Medical College of Philadelphia, Academy of Surgery, or College of Physicians of Philadelphia, the choice of said institution to be made by my executor in his free and uncontrolled discretion—the sum of $5000, the principal of which is to be invested by said institution as a permanent fund, and the accumulated interest or income therefrom arising to be paid every five years to the writer of the best original essay, not exceeding 150 printed pages octavo in length, illustrative of some subject in surgical pathology or surgical practice founded upon original investigation; the candi-

dates for the prize, which is to be called the Samuel D. Gross Prize, to be American citizens."

In a codicil he provides "That all my medical books, with the exception of those mentioned in my will, and also my office bookcases, be given to the Philadelphia Academy of Surgery, in trust, to be held by it so long as it shall exist as an independent and distinct organization. At the end of that time I decree that they shall be given to the College of Physicians of Philadelphia, or to any respectable or permanent institution that the Academy may select for the purpose, my children, if any survive, also having a voice in the choice."

The executor, Mr. A. Haller Gross, has tendered, under the terms of the will, the library and prize to the Philadelphia Academy of Surgery, and this body has accepted the trusts, and has arranged with the College of Physicians of Philadelphia for the deposit of the books in the Library of the College to be used in accordance with the general rules governing the College Library.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION will hold its next meeting in Springfield, Illinois, in September, 1884.

THIRD CONGRESS OF THE ITALIAN SURGICAL SOCIETY.—The third Congress of the Italian Surgical Society will be held in Turin on the 15th to the 20th of September, 1884. The secretaries are DRS. G. NOVARO and G. BERRUTI, of Turin.

NEW JOURNALS.—Three new periodicals have recently appeared in Madrid. The *Archivos de Ginecologia y Enfermedades de la Infancia* is a monthly; the *Diario Medico-farmaceutico* appears every four days; and *Dr. Sangrado*, a satirical review, has appeared every fifth day since November.

DR. ROBERT KOCH.—A newspaper sketch of the distinguished discoverer of the bacillus of tubercle and of cholera, describes him as a man of medium height, thin, gray-haired, with a serious, spiritual countenance. He looks much older than he is—forty-one.

THE DWIGHT INSURANCE CASE.—A telegram from Norwich states that the Mutual Benefit Life Insurance Company of New Jersey, has just paid the two policies of insurance of $5000 each, which were taken out by the late Col. Walton Dwight.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JUNE 3 TO JUNE 9, 1884.

THE ARMY MEDICAL EXAMINING BOARD, New York City, is dissolved, to take effect June 14, 1884.

BROWN, JOS. B., *Lieutenant-Colonel and Surgeon.*—Upon completion of the business of the A. M. B., directed to comply with S. O. 44, current service, A. G. O., and return to New York City.

CLEMENTS, BENNETT A., *Major and Surgeon.*—Directed to await orders in New York City.

KIMBALL, JAMES P., *Captain and Assistant Surgeon.*—Granted leave of absence for two months and fourteen days, to take effect June 14, 1884, and ordered to relieve, August 28, 1884, Captain Robert H. White, Assistant Surgeon, from duty at U. S. Military Academy, West Point, N. Y.

CAPTAIN WHITE, on being relieved, ordered to report in person to the Commanding General, Department of California, for assignment to duty.

STERNBERG, GEO. M., *Major and Surgeon.*—Relieved from temporary duty in S. G. O., and ordered to assume the duties of Attending Surgeon and Examiner of recruits, at Baltimore, Md.—*S. O. 131, A. G. O.*, June 6, 1884.

FINLEY, J. A., *Captain and Assistant Surgeon.*—Relieved from duty at Fort Stockton, Texas, and assigned to duty as Post Surgeon, Fort Concho, Texas.—*Par. 4, S. O. 69, Headquarters Department of Texas*, June 2, 1884.

MOORE, JOHN, *Lieutenant-Colonel and Assistant Medical Purveyor.*—Ordered to perform, in addition to his present duties, those of Medical Storekeeper, San Francisco, Cal.

JOHNSON, HENRY, *Captain and Medical Storekeeper.*—Relieved from duty at the Medical Purveying Depot at San Francisco, Cal., and ordered to report for duty at the Medical Purveying Depot, New York City, relieving Captain Andrew V. Cherbonnier, Medical Storekeeper.

CAPTAIN CHERBONNIER, on being relieved by Captain Johnson, will proceed to St. Louis, Mo., and report in person to Captain Geo. T. Beall, Medical Storekeeper and Acting Assistant Medical Purveyor, for duty at the Purveying Depot at St. Louis, relieving Captain Beall of his duties as Medical Storekeeper.—*Par. 9, S. O. 128, A. G. O.*, June 3, 1884.

FRYER, BLENCOWE E., *Major and Surgeon.*—Granted leave of absence for one year, from July 1, 1884.—*Par. 7, S. O. 128, A. G. O.*, June 3, 1884.

HALL, JOHN D., *Captain and Assistant Surgeon.*—Granted leave of absence for three months, to take effect on his arrival at St. Paul, Minn.—*Par. 8, S. O. 128, A. G. O.*, June 3, 1884.

HEGER, ANTHONY, *Major and Surgeon.*—Assigned to duty at Fort McHenry, Md., as Post Surgeon.—*Par. 1, S. O. 108, Headquarters Department of the East*, June 2, 1884.

HUNTINGTON, DAVID L., *Major and Surgeon.*—During the absence of the Surgeon-General, directed to take charge of the Office of the Surgeon-General and perform his duties.—*Par. 6, S. O. 129, A. G. O.*, June 4, 1884.

BENTLEY, EDWIN, *Major and Surgeon.*—Assigned to duty at Fort Clark, Texas, as Post Surgeon.—*Par. 1, S. O. 68, Headquarters Department of Texas*, May 31, 1884.

KOERPER, EGAN A., *Captain and Assistant Surgeon.*—Assigned to duty at Fort Keogh, M. T.—*Par. 1, S. O. 58, Headquarters Department of Dakota*, May 27, 1884.

BARNETT, RICHARDS, *Captain and Assistant Surgeon.*—Now on sick leave of absence, is relieved from duty at Columbus Barracks, Ohio, and ordered to report to Commanding General, Department of the East, for assignment to duty.—*Par. 2, S. O. 129, A. G. O.*, June 4, 1884.

CUNINGHAM, T. A., *Captain and Assistant Surgeon.*—Ordered to relieve Assistant Surgeon C. B. Byrne, U. S. A., from duty at Fort Lewis, Col. Assistant Surgeon Byrne, when so relieved, ordered to proceed to Fort Gibson, I. T., and report to the Post Commander for duty.—*Par. 2, S. O. 112, Headquarters Department of Missouri*, June 4, 1884.

BANISTER, J. M., *First Lieutenant and Assistant Surgeon.*—Granted leave of absence for one month and seven days, to commence June 13.—*S. O. 22, Headquarters Division of the Atlantic*, June 5, 1884.

MCCREERY, GEO., *First Lieutenant and Assistant Surgeon.*—Granted leave of absence for two months with permission to apply to the Adjutant General of the Army for two months extension.—*Par. 3, S. O. 56, Headquarters Division of Missouri*, June 5, 1884.

WILSON, GEO. F., *First Lieutenant and Assistant Surgeon.*—Relieved from temporary duty at Fort Canby, Washington Territory, and ordered to return to his proper station (Fort Walla Walla, Washington Territory).—*Par. 2, S. O. 70, Headquarters Department of Colorado*, May 26, 1884.

OWEN, WM. O. JR., *First Lieutenant and Assistant Surgeon.*—Having reported at these Headquarters in compliance with Par. 5, Department Special Orders, No. 62, current series, will return to, and take station at Fort Stevens, Oregon.

In addition to his duties at Fort Stevens, Assistant Surgeon Owen will perform those of Medical Officer at Fort Canby, Washington Territory.—*Par. 1, S. O. 70, Headquarters Department of Colorado*, May 26, 1884.

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